

## LIBRARY INFORMATION FORM

Library Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Business Address 1 \_\_\_\_\_

Business City \_\_\_\_\_

Business State & Zip Code \_\_\_\_\_

Business County \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Head Librarian \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_

Home State & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Libraries' Web Page Address \_\_\_\_\_

Hours: Monday – Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Kansas Senate District \_\_\_\_\_ Kansas House of Representatives District \_\_\_\_\_