

South Dakota Public Library Survey 2012 Survey Certification Form

Name of Library: _____ City: _____

County: _____

I certify that all the information contained herein has been thoroughly reviewed, and is complete and accurate to the best of my knowledge:

Librarian: _____ Date Signed: _____

I certify that all the information contained herein has been thoroughly reviewed, and is complete and accurate to the best of my knowledge:

Library Board President: _____ Date Signed: _____

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According to **SD Codified Law, Section 14-2-40: (6)** the Public Library Survey (annual report) has been submitted to the "governing body" of this library on _____ (date).

City or County official (Signature): _____ Date Signed: _____

Position or office held: _____ (MAYOR, CITY MANAGER, or CHIEF FINANCIAL OFFICER)

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Print this form out. Return it signed and dated within 30 days of electronic submission to the below address:

Daria Bossman, Assistant State Librarian
South Dakota State Library
800 Governors Drive
Pierre, South Dakota 57501

