

# It's Your Birthday Survey

We'd like to hear from you. Please complete the survey questions below & drop into one of the birthday boxes located at the entrances.

1. Did the staff welcome you when you entered the building?  
\_\_\_\_\_
2. Did the staff provide the information you were seeking today? \_\_\_\_\_
3. Did the staff make you feel special today? \_\_\_\_\_
4. Is the environment pleasant and the staff approachable?  
\_\_\_\_\_
5. Were you thanked for coming to the library? \_\_\_\_\_

If you have additional comments you may use the other side of this paper.

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Please complete the contact information for our weekly drawing.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_