

# PORT ARTHUR PUBLIC LIBRARY



## FORM FOR LIBRARIAN OUTREACH

ORGANIZATION/COORDINATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY ZIP

Cell NUMBER \_\_\_\_\_ Website \_\_\_\_\_

Email \_\_\_\_\_  
NUMBER

### DATE(S) REQUESTING

<u>DATE</u>	<u>DAY</u>	<u>TIME</u>	<u>FROM</u>	<u>TO</u>
_____	MONDAY	_____	_____	_____
_____	TUESDAY	_____	_____	_____
_____	WEDNESDAY	_____	_____	_____
_____	THURSDAY	_____	_____	_____
_____	FRIDAY	_____	_____	_____
_____	SATURDAY	_____	_____	_____
_____	SUNDAY	_____	_____	_____

FEEL FREE TO SHARE ADDITIONAL INFORMATION ABOUT THIS REQUEST:

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