

Suggestion for Purchase Sarasota County Libraries

Please complete this form and return it to a library employee.

Author: _____

Title: _____

ISBN number: _____

Format (print, DVD): _____

Staff use only: *Staff catalog check* _____ *From library* _____

To be notified if the item is purchased, please provide your contact information below.

Name: _____

Phone: _____

Email: _____

Date requested: _____

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Sarasota County

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