

Library Hours/Days Survey

1. What hours would you like to see the library open?

Days:

Hours:

Nights:

2. Would you be willing to volunteer to support increased hours? Yes No

If yes:

Name

Phone

3. Suggestions:

Complete this form online, print it on your own computer and mail it to:

Library Survey
City of Garden Ridge
9400 Municipal Parkway
Garden Ridge, Texas 78266

Note: You cannot save this form with the data.