

South Dakota Public Library Survey FY2016

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 complete 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. Questions can be directed to the State Library Data Coordinator, 1-800-423-6665. **Return this certificate completely signed and dated within 30 days** of electronic submission. The completed form can be scanned and uploaded to the survey portal (sd.countingopinions.com) at the time of submission or mailed to the below address within 30 days of electronic submission:

State Data Coordinator
South Dakota State Library
800 Governors Drive
Pierre, South Dakota 57501