

Facility Information Sheet
Stillwater Public Library Outreach Services

Facility Name _____

Facility Address _____

Name of Facility Director _____

Name & Title of Contact Person _____
(Contact person is whoever will be responsible for making requests, receiving deliveries, etc)

Phone Number(s) _____ **Fax** _____

Email Address _____

Best contact method _____ **Best time to contact** _____
(phone, email, or fax)

Best day(s) and time(s) for book deliveries _____

(ex. Mondays 10:00am to 11:30am, or
Wednesdays 3:00pm to 5:00pm)

Location for Delivery/pick-up _____ (ex. Main office)

Thank you!