River Oaks Public Library Survey

Please Return to the Library or the Water Department at City Hall when completed. Thank You!

1. Do you have a library card?

Yes	No
☐	☐

2. On average, how often do you visit the library?

Daily	Weekly	Monthly	Less than once a month	Never
☐	☐	☐	☐	☐

3. How would you rate each of the following library services?

	Excellent	Good	Fair	Poor	Don't know/ Not applicable
Customer service	☐	☐	☐	☐	☐
Collection (books, DVDs, music, newspapers, etc.)	☐	☐	☐	☐	☐
Online services (website, catalog, research databases, etc.)	☐	☐	☐	☐	☐
Library policies	☐	☐	☐	☐	☐
Computers and printers	☐	☐	☐	☐	☐
Internet access	☐	☐	☐	☐	☐
Hours of operation	☐	☐	☐	☐	☐
Overall, how would you rate the library?	☐	☐	☐	☐	☐

4. What do you value **most** about the library?

5. How could the library or its services be improved, if at all?

6. How does the library benefit you or the community?

7. Are there any additional comments or concerns you would like to address regarding the library?