



ACCREDITATION IN STATE LIBRARY SYSTEM APPLICATION Local Fiscal Year 2019

This form must be completed by public libraries applying for accreditation in the State Library System and submitted on or before April 30, 2020.

LIBRARY NAME _____ CITY _____

Certification

The below signed certify, to the best of their ability, that the information contained in the library's annual report is complete and accurate for local fiscal year 2019.

All applicable signatures are necessary, based on library's legal establishment.

SIGNATURE of _____
(Check one) Mayor County Judge
 City Manager School Superintendent
 District Board Chair
*Signatures of city secretaries or county clerks,
will not be accepted.* Printed Name _____

SIGNATURE of Head Librarian/Library Director Printed Name _____

SIGNATURE of Library Board Chair Printed Name _____