

Reciprocal Borrowing Quarterly Statistics Form



Library Name _____

Contact Information

Name _____

Phone _____

Fax Number _____

Please report the number of reciprocal borrowers who have used your library and the number of reciprocal borrowing transactions during the period of October-December 1998.

Category	Number
Number of Borrowers using reciprocal borrowing who are from other counties or areas:	
Number of Transactions:	

Please return this form to Kathy Arnold, CFLC Intern, either by fax (407) 644-7023 or by mail to 431 E. Horatio Avenue, Suite 230, Maitland, FL 32751-4560, as soon as possible.

Thank you for your participation,

**Kathy Arnold
CFLC Intern**