

Highlands Regional Library Cooperative

DELIVERY STATISTICAL FORM

LIBRARY NAME:			
SCHOOL DISTRICT:			MONTH:
DATE	DRIVER'S INITIALS	# PACKAGES SENT WITHIN THE REGION	# PACKAGES SENT OUTSIDE THE REGION
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PLEASE ENTER TOTALS			



*DO NOT SEND THIS FORM TO THE REGIONAL OFFICE.
PLEASE RECORD THESE FIGURES ON THE QUARTERLY DELIVERY STATISTICAL FORM.*