Highlands Regional Library Cooperative
QUARTERLY DELIVERY STATISTICAL FORM

LIBRARY NAME: _____

DELIVERY ID # _____

SCHOOL DISTRICT: _____

QUARTER: *(Check One)*

First	Second	Third	Fourth
(Jan, Feb, Mar)	(Apr, May, Jun)	(Jul, Aug, Sep)	(Oct, Nov, Dec)
☐	☐	☐	☐

MONTH	# PACKAGES SENT WITHIN THE REGION (Montlhy Total)	# PACKAGES SENT OUTSIDE THE REGION (Monthly Total)
TOTAL		

Instructions for statistical reporting:

1. **Libraries receiving Delivery Service have agreed to provide the Cooperative with statistics, which are needed to meet State reporting requirements. Failure to return statistics to the Regional Office could result in termination of service.**
2. **Make sure the library name is on the form. Forms without library names obviously cannot be credited. Suggestion: type the library name on a master form and make copies from that.**
3. **All packages sent out of the library via the delivery service should be counted. Place the number in the appropriate column: # of packages sent within the Region (Bergen, Hunterdon, Morris, Passaic, Somerset, Sussex and Warren Counties) or # of packages sent outside the Region. We do not count items you receive.**
4. **School Libraries not receiving delivery in July and August should still send their third quarter form, with totals only for September. July and August should be marked as 0.**
5. **Please enter the totals at the end of each quarter. The Regional Office processes statistics for over 260 libraries each quarter. All incomplete forms will be returned and will not be credited.**
6. **Do not send your original form to the office, but make a copy and send the copy to the Regional Office. File the original form so you still have a record of your statistics in the event they become lost en route to the Regional Office.**

Please send this form to the Regional Office via the Delivery Service or FAX (973-664-1780) at the End of each Quarter!!