



Book/Audio Review

Title: _____

Author: _____



Please rate your book/audio by circling the number of tools (five being the best)
Write your review on the back of this form.

Check this box if you're ok with the library possibly sharing your review on the library's Facebook page(facebook.com/pgcitylibrary). **Your name will not be shared.**

Check this box if you're ok sharing your name.

Name: _____ I am over age 18

Phone# _____ Library Card# _____



Book/Audio Review

Title: _____

Author: _____



Please rate your book/audio by circling the number of tools (five being the best)
Write your review on the back of this form.

Check this box if you're ok with the library possibly sharing your review on the library's Facebook page(facebook.com/pgcitylibrary). **Your name will not be shared.**

Check this box if you're ok sharing your name.

Name: _____ I am over age 18

Phone# _____ Library Card# _____