

PO Box 520
Trenton, New Jersey 08625-0520

Library Name: _____

County: _____

Street Address: _____

City: _____

Library service based on 2010 Census Population _____

NJSL USE ONLY
ID#
RECVD:
REVWD:

2011 ACCURACY CERTIFICATION FY13

Due date: **Postmarked no later than April 1, 2012**

WE CERTIFY THAT:

1. The information contained in the annual statistical report is accurate and represents the true condition of this library.
2. The edit checks have been reviewed and explanations appended as necessary.
3. The library is in conformance with all applicable laws and regulations.*

(Signature) President, Board of Trustees or County Library Commission

Date

(Signature) Library Director

Date

(Printed Name)

(Printed Name)

PLEASE CHECK ALL THAT APPLY AND ATTACH DOCUMENTATION AS APPROPRIATE

	Copy of Director's NJ Public Librarian's Certificate attached (must submit annually)
	If population served is 20,000 or more, a list of librarians holding a NJ Certificate is attached

Library contact person for questions regarding Annual Statistical Report and Certification form:

(Name)

(Email)

(Phone number with area code)

Mail certification to: NJ State Library, PO Box 520, Trenton, NJ 08625-0520, ATTN: Bob Keith
* Municipal and Joint library: N.J.S.A. 40:54 and N.J.A.C. 15:21-12; County Library: N.J.S.A. 40:33; Association Library N.J.S.A. 15A:1-1 and N.J.A.C. 40:54-35; Full text available at http://www.njstatelib.org/LDB/Library_Law/index.php.

If the library is NOT in conformance with # 3 above, cross the line out, sign the application and return with a brief explanation of the failure.