## FORM 2.15.4a RECORD OF CONVERSATION

Staff Name:	Date:
Re: Record of conversation regarding the following subject of concern:	
Please record the conversation in as much detail as possible below:	
Recording staff signature	
I,therein are accurate and factual.	_, have read the above record and agree that all the contents
Signature:	Date:

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292

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