



Solano County LIBRARY

LETTER OF SUPPORT FOR HOTSPOT LOAN PROGRAM

APPLICANT

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

EMAIL: _____

LIBRARY CARD NUMBER: _____

DATE: _____ (mm/dd/yyyy)

My name is _____ and I am with _____ (Organization's name).

My title is _____

I am writing to fully support _____ (applicant's name) application for the Solano County Library's Hotspot program.

_____ (Applicant's name) needs a Hotspot for _____

_____ (reason for needing a Hotspot).

Contact Person: _____

Organization: _____

Phone: _____

Email: _____

Please contact me if you have any questions.