

Phillips Public Library Patron Statement of Concern About Library Resources

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Type of material on which you are commenting:

_____ Book

_____ Recorded Book

_____ DVD

_____ Magazine

_____ Content of Library Program

_____ Newspaper

_____ Other

Title: _____

Author/Publisher or Producer/Date: _____

What brought this resource to your attention?

To what do you object? Please be as specific as possible.

Have you read or listened or viewed the entire content? If not, what parts?

What do you feel the effect of the materials might be?

For what age group would you recommend this material?

In its place, what material of equal or better quality would you recommend?

Mail completed form to: Phillips Public Library, Attn: Rebecca Puhl, 286 Cherry St., Phillips, WI 54555

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What do you want the library to do with this material?

Additional comments:

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