

Statement of Concern about Library Resources Form

The Taylor Memorial Library Board of Trustees has delegated the responsibility for selection and evaluation of library resources to the Library Director and has established reconsideration procedures to address concerns about those resources.

Completion of this form is the first step in those procedures. If you wish to request reconsideration of library resources, please return the completed form to library staff at the Taylor Memorial Library.

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Do you represent yourself? _____ Organization? _____

Resource on which you are commenting:

____ Book ____ Audio-visual Resource

____ Magazine ____ Content of Library Program

____ Newspaper ____ Other

Title: _____

Author/Publisher or Producer/Date: _____

1. What brought this resource to your attention?

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

8. Additional comments: