



# Request for Review

Please complete this form and return to library staff.  
The Library Board will review the request and respond within 90 days of receiving the request.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

What type of material or service are you commenting on? \_\_\_\_\_

\_\_\_\_\_

Title of item/event/display: \_\_\_\_\_

Author/Performer: \_\_\_\_\_

Date of event/item edition: \_\_\_\_\_

\_\_\_\_\_

Did you read/view/listen to the entire work?  All  Part

Please describe your concerns regarding this item/program/display:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific pages/sections illustrate your concerns?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything valuable about this item/program/display?

\_\_\_\_\_  
\_\_\_\_\_

What action would you like the library to take? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the back of the form for further comments if necessary.

Library staff initials: \_\_\_\_\_