

CRANDON

PUBLIC LIBRARY

STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

Date_____

Name_____

Address_____Phone_____

City_____State_____ZIP_____

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?

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

