

Pleasant Grove Library

Statement of Concern

Please read the Library's Collection Development Policy before proceeding.

Name: _____

Library Card Number: _____

Telephone Number: _____

1. Type of material on which you are commenting:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Book | <input type="checkbox"/> Sound Recording |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Library Program |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> DVD |
| <input type="checkbox"/> Other | |

Title: _____

Author/Producer: _____

2. Do you represent: Yourself Group

Name of organization or group: _____

3. Did you read/see the material in its entirety? _____

If not, how much did you read/see?

4. For what age group would you recommend this material? _____

5. What would you like the library to do about this material? _____

6. Additional comments: _____

Patron Signature: _____

Date: _____

Please return this form to:
Pleasant Grove City Library
30 East Center St.
Pleasant Grove, UT 84062

Form authorized by:
Pleasant Grove Library Board