

MARTIN COUNTY LIBRARY SYSTEM

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

The library values your opinion. If you have an objection to library material(s), please complete this form. Indicate as clearly as possible the nature of your concern.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Representing: Self () Organization ()

If you represent an organization, please provide:

Name of Organization: _____

Address: _____

Officer or person charge: _____

Materials on which you are commenting:

Book () DVD ()

Magazine () Display ()

Newspaper () Game ()

Other (Identify) _____

Title: _____

Author or Producer: _____

Branch location of material: _____

Shelf location of material: _____

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1. What brought this material to your attention?

2. Have you examined the entire work? If not, what sections did you review?

3. What concerns you about the resource?

4. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

5. What action are you requesting the committee consider?

Signature

Date

PLEASE RETURN THIS FORM TO YOUR LIBRARY
ROUTE DIRECTLY TO THE LIBRARY DIRECTOR