

# Lewistown Public Library



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## STATEMENT OF CONCERN ABOUT LIBRARY

### RESOURCES AND/OR PROGRAMMING

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Resource on which you are commenting:

- |                             |                                  |
|-----------------------------|----------------------------------|
| _____ Book                  | _____ Content of Library Program |
| _____ Audio-visual Resource | _____ Newspaper                  |
| _____ Magazine              | _____ 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.
3. Have you read or listened or viewed the entire content? If not, what parts?
4. What do you feel the effect of the material might be?
5. For what age group would you recommend this material?
6. In its place, what material of equal or better quality would you recommend?
7. What do you want the library to do with this material?
8. Additional comments: