## Ellsworth Public Library Statement of Concern About Library Resources

Name_	e D	Date		
Addre	ess Phor	ne		
City _	State		ZIP	
Resou	urce on which you are commenting:			
Book Audio/Visual Reso			_ Other	
N	Magazine Newspaper Co	ontent of	f Library Program	
Title _				
Autho	or/Publisher or Producer/Date:			
1.	. What brought this resource to your attention?	•		
2.	. To what do you object? Please be specific as	possible	».	
3.	. Have you read/listened/watched the entire co.	ntents?	If not, what parts?	
4.	. What do you feel the effect of the material m	ight be?		
5.	. For what age group would you recommend th	nis mater	rial?	
6.	. In its place, what material would you recomn	nend?		
7.	. What do you want the Library to do with this	materia	1?	

8. Additional comments?