Orion Township Public Library
Statement of Concern Regarding Library Resources

The Board of Trustees of the Orion Township Public Library has authorized the use of this form as part of its Reconsideration of Library Materials policy. Completed forms will be handled within the designated department. Please return form and material in question to a librarian. Material will be reviewed by the department head and the library director. If necessary, material will be reviewed by the Library Board of Trustees. The submitter will be notified regarding the decision of the library staff and/or board.

Date: ______________________________

Name: ______________________________

Address: ____________________________________________________________

______________________________________________________________

Phone: ______________________________

Patron represents: ___ Self ___ Organization: ________________________________

____ I meet the definition of an Orion Township Public Library patron as defined in the Library Card Policy: Patron – Resident: Available to any individual who lives or owns property in Orion Township or the Village of Lake Orion.

Title of item: __________________________________________________________

Author: ______________________________

Format (e.g. book, CD, DVD): __________________________________________

Did you read, view, or listen to the entire work? __________________________

What concerns you about this material? __________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Signature of Submitter: ________________________________________________