

**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 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: \_\_\_\_\_