

**Mohave County Library District
Request for Review of Library Resources**

Today's Date _____

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Thank you for using the resources of Mohave County Library. It is our understanding that you have a concern about the use of computers and/or resources within the library. Please check the appropriate box below and answer the questions. Your input is greatly valued.

Concern Regarding Public Access Internet Computers

1. Have you read the Computer and Internet Public Access Policy?
2. What is your concern?
3. Website address:
4. What do you recommend the Library do in response to your concern?

Request for Review of Library Resources

Author:

Title:

Publisher:

Year of Publication:

Format (book, audio, DVD, etc.):

(See Reverse)

1. What is it that you object to in the material? Please be specific, citing pages, frames, scenes, etc.).

2. Have you read/viewed/listened to the entire work? If not, what parts?

3. Have you read any reviews evaluating this material? If yes, what reviews?

4. What do you recommend the Library do in response to your concern?

Your *Request for Review of Library Resources* will result in a re-evaluation of the resource. Your request will be acknowledged within ten days. A written reply will be sent to you within six weeks of your request. If you have further questions, please contact _____