CITIZEN'S COMMENT ON LIBRARY MATERIALS
Rockingham County Public Library

Date __________

Name ______________________ Phone ______________________

Address ______________________ City __________ Zip __________

Individual represents ___Self___ Organization.

Title (please include author or call number if possible):

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________________________________________________________________________

What is your concern about this material? Please be specific: (List pages or sections - use additional pages as needed.)

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Did you read, hear, or see the entire content?

Have you read any reviews of this material?

Have you had a chance to see and be given a copy of the Introduction to Policy and the Collection Development Policy and Procedures and any associated documents?

Do you have suggestions for materials to be included in the collection to provide other viewpoints?
9. Additional comments: ________________________________

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Your interest in the library is greatly appreciated. The Library Director will review your comments and you will receive a written response. You may contact the Director by phone at 336-627-1106.

The Library Board of Trustees will be informed of your comments.

If you wish to appeal the decision of the Library Director and Board of Trustees you may do so by requesting the Library Director send your comments to the County Manager for further consideration.

Signature ________________________________