



Comment on Library Materials

Your Name _____

Address _____ City/Zip _____

Phone _____ Email address _____

Do you represent yourself or an organization? Self Organization

If an organization, please share the name: _____

Item title _____

Author _____ Call # _____

Format: book audio book magazine video music CD other

Location of this item? (choose one) Warren Library Bookmobile Brookfield Library
Cortland Library Howland Library Liberty Library Lordstown Library Homebound

What is your concern about this item? Please be specific—list pages or sections, etc.

Did you hear, read, or view the entire item? _____

Have you read reviews of this material? _____ If yes, can you cite the review source?

Have you reviewed the W-TCPL Collection Development Policy? yes no
(This is available at www.wtcpl.org — About → Policies)

Do you have a suggestion for material that could provide other viewpoints? _____

Please use the back of this form to share additional comments.

Signature _____ Date _____

Thank you for sharing this information. Your comments will be reviewed by a committee of professional staff, and you will receive a written response to your comments.