

# Johnson Creek Public Library

125 Lincoln Street, PO Box 130  
Johnson Creek, WI 53038



(920) 699-3741  
johnsoncreeklibrary.org

## Materials Selection Inquiry Form

**The Library values your opinion. If you have an objection to library material(s), please complete this form, indicating as clearly and legibly as possible the nature of your concern. The request is valid only if the entire form is completed, signed, and returned to the Library Director. Once completed, this form becomes a matter of public record: (Wisconsin Statutes Section 19.32).**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you represent self? \_\_\_\_\_

Or an organization? \_\_\_\_\_ Name of Organization \_\_\_\_\_

1. Title:

\_\_\_\_\_

2. Author/Producer: \_\_\_\_\_

\_\_\_\_\_

3. Material Type:

\_\_\_\_\_

\_\_\_\_\_

4. Have you read/listened to/viewed the material in its entirety?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

5. Please comment on the item, as well as being specific about those matters that concern you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there resource(s) you suggest providing additional information and/or other viewpoints on this topic?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What action are you requesting the library consider?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Staff Use Only

Received by:

Date:

Received by Library Director:

Date:

Director/Material Selector/Library Staff Review:

Date:

Decision Sent to Requester:

Date