



Weston Public Library Statement of Concern

The Library Board has authorized the use of this form as part of its Collection Development Policy.

Date _____

Your name _____

Address _____

Email _____

Town _____ Zip code _____

I represent myself _____ Organization _____

Title of item _____

Author _____

Format (book, DVD, CD, etc.) _____

Did you read, view, or listen to the entire work? _____

What concerns you about this material? Please be specific. List pages, etc.

What would you like the Library Board to do about this material?

When completed, this form should be returned to the Library Director, Weston Public Library, 56 Norfield Road, Weston, CT 06883.

Adopted April 2, 2002; Revised May 14, 2013; Revised March 1, 2022