



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 or nature 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?

A title will be reviewed by the Library Board of Trustees only once within a 5 year period unless the content has undergone major revisions or at the discretion of the Library Director or the Library Board of Trustees.

When completed in its entirety, 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; Revised October 3, 2022