



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? _____

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