CITIZEN REQUEST FOR REMOVAL OF LIBRARY MATERIAL

Completion of this form is the first s	brary have established a materials or gathering input about particular items. Step in that procedure. If you wish to ree, please return the completed form to the
John A Stahl Library 330 N Colfax St West Point, NE 68788	
Date	
Name	
Address	
City	_ State/Zip
Phone	Email
Do you represent self? Or an Name of Organization	
Resource on which you are com	
•	Magazine Audio Recording
Digital Resource Game	Newspaper Other

Title

Author/Producer
2. What brought this resource to your attention?
3. Have you examined the entire resource? If not, what sections did you review?
4. What concerns you about the resource?
5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?
6. What action are you requesting the committee consider?