Pleasant Grove Library
Statement of Concern

Please read the Library’s Collection Development Policy before proceeding.

Name:_________________________________________

Library Card Number:__________________________

Telephone Number:_____________________________

1. Type of material on which you are commenting:

☐ Book    ☐ Sound Recording
☐ Magazine ☐ Library Program
☐ Newspaper ☐ DVD
☐ Other

Title:_________________________________________

Author/Producer:______________________________

2. Do you represent:    ☐ Yourself    ☐ Group

Name of organization or group:________________________________________

3. Did you read/see the material in its entirety?____________________________

If not, how much did you read/see?

4. For what age group would you recommend this material?__________________________

5. What would you like the library to do about this material?__________________________

_____________________________________________________________________________
6. Additional comments:____________________________________________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Patron Signature:______________________________________________________________

Date:________________________________________

Please return this form to:
Pleasant Grove City Library
30 East Center St.
Pleasant Grove, UT 84062

Form authorized by:
Pleasant Grove Library Board