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PORTLAND PUBLIC LIBRARY

Statement of Concern about Library Resources

Date _____

Your name _____

Address _____

E-mail /Telephone _____

Please check one

I represent: Myself _____ Organization _____

What is the Format of the material in question: (i.e. book, movie, music CD, audio book, library program, etc.) _____

Title of item _____

Author _____

What concerns you about this material? Please be as specific as possible and note what you feel the effect if the objectionable material would be.

(Use the other side if needed)

Did you read, view or listen to the entire work? If not, what parts did you examine?

Date Received by Library Director _____