



**ROCHESTER  
PUBLIC  
LIBRARY**

101 Second Street SE  
Rochester, MN 55904

# REQUEST FOR REVIEW

Please complete this form and return it to library staff.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

- What type of material or service are you commenting on?
- Book                       Magazine                       CD                       DVD                       Game  
 Display/Exhibit                       Library Program                       Internet Resource/Website  
 Other (brief description) \_\_\_\_\_

Title of item/event/display \_\_\_\_\_

Author/Performer \_\_\_\_\_

Date of event/item edition \_\_\_\_\_

How did this item/program/display/exhibit come to your attention?

Did you read, view, or listen to the entire work or a portion of the work?     All     Part

Please describe your concerns regarding this item/program/display/exhibit:

What specific pages/sections illustrate your concerns?

Is there anything valuable about this item/program/display/exhibit?

Are your objections based on the age of the potential user or the point of view expressed?

What action would you like the library to take regarding this item/program/display/exhibit?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use the back of this page for further comments if necessary.

Library Staff Receiving Form \_\_\_\_\_