

**Bowdoinham Public Library
Request for Review of Library Materials**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

I represent:

_____ myself

_____ an organization or other group, Please identify:

I request evaluation of:

Title: _____

Author: _____

I have examined _____ all _____ part _____ or none of the above material.

I object specifically to (use additional pages if necessary):

What sources do you suggest to provide additional information on this topic (optional)?

Signature _____

Please complete this form, sign it, and return it to the Bowdoinham Public Library. It will be reviewed and you will be notified of a decision. We suggest you keep a photocopy.