

The trustees of the Wernersville Public Library have established a materials selection policy and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director.

Wernersville Public Library, 100 North Reber Street, Wernersville PA, 19565

Date:
Name:
Address:
City:
City/Zip:
Phone/Email:
Library card number:
Do you represent yourself? or an Organization? Name of Organization  Resource you are commenting:  Book Magazine Digital Resource Newspaper Movie  Audio Recording Game Other  Title:  Author/Producer:  What brought this resource to your attention?
Have you examined the entire resource? If not, what sections did you review?

What concerns you about the resource?	
Are there resources you suggest to provide additional informat topic?	cion and/or other viewpoints on this
What action are you requesting the committee to consider?	
Signature	
OFFICE USE ONLY	
Received by:	Date:
Director's signature:	Date:
Action taken by the Board of Trustees:	
Date letter sent to filer:	