

**TOWN OF CAMP VERDE COMMUNITY LIBRARY  
REQUEST TO RELOCATE LIBRARY MATERIAL**

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of library material:

\_\_\_\_\_ Audio resource      \_\_\_\_\_ Book      \_\_\_\_\_ Magazine  
\_\_\_\_\_ Newspaper      \_\_\_\_\_ Video resource      \_\_\_\_\_ Other \_\_\_\_\_

Title: \_\_\_\_\_

Author/Publisher or Producer: \_\_\_\_\_

Please answer the following questions.

What brought this resource to your attention?

\_\_\_\_\_

To what do you object? Please be as specific as possible.

\_\_\_\_\_

Have you read, listened to, or viewed the entire content? If not, what parts?

\_\_\_\_\_

What do you feel the effect of the material might be?

\_\_\_\_\_

For what age group would you recommend this material?

\_\_\_\_\_

What do you want the library to do with this material?

\_\_\_\_\_

Additional comments:

\_\_\_\_\_