

**CITIZEN REQUEST
TO
ADD MATERIALS TO LIBRARY COLLECTIONS**

AUTHOR:

TITLE:

PUBLISHER: (if known)

PLEASE CHECK IF AUDIO-VISUAL MATERIAL

LIST TYPE OF MEDIA (CD, DVD, AUDIOBOOK, etc.)

REQUEST INITIATED BY:

NAME _____

ADDRESS _____ TOWN _____

ZIPCODE _____ TELEPHONE NUMBER _____

REQUEST FROM AN INDIVIDUAL PERSON ___ OR AN ORGANIZED GROUP ___

IF GROUP, NAME OF GROUP _____

WHY DO YOU BELIEVE THAT THIS ITEM (OR THESE ITEMS) SHOULD BE ADDED TO THE LIBRARY'S COLLECTIONS?

HAVE YOU READ/VIEWED/LISTENED TO THE ITEM(S)? _____

DATE _____ SIGNATURE OF REQUESTER _____