

**Cedar Falls Public Library
COLLECTION DEVELOPMENT POLICY
(MATERIALS SELECTION)**

1 STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

1. Resource on which you are commenting:

- Book
- Audiovisual Resource
- Magazine
- Content of Library Program
- Newspaper
- Other

Title: _____

Author/Producer: _____

2. What brought this title to your attention?

3. Please comment on the resource as a whole as well as being specific on those matters which concern you. (Use other side as needed.) Comment:

4. What resource(s) do you suggest to provide additional information on this topic?

Return to Library Director, Cedar Falls Public Library
524 Main Street, Cedar Falls, IA 50613