



**Request for Review of Library Materials: Request to Add Material**

The Fort Worth Library welcomes and supports all people in their enjoyment of reading and recreational materials, and their pursuit of learning and information. The Library neither promotes nor censors particular viewpoints. The Library welcomes the opportunity to discuss the interpretation and application of the Library’s collection policies with Fort Worth residents.

In order to assure that the Library has an accurate statement of your opinion regarding the materials in question, please complete this form (use the other side or additional pages if necessary) and return it to:

Collection Management Administrator  
Fort Worth Public Library  
500 W. 3rd St.  
Fort Worth, TX 76102

Author: \_\_\_\_\_

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

This is a: Book \_\_ Video/DVD \_\_ CD \_\_ eBook \_\_ Other \_\_\_\_\_

1. How did you learn about this material? \_\_\_\_\_

\_\_\_\_\_

2. Have you examined it in its entirety? If not, which parts have you examined?

\_\_\_\_\_

\_\_\_\_\_

3. What information or viewpoint do you believe the material will convey that is not already represented in the collection? \_\_\_\_\_

\_\_\_\_\_

4. If there are other materials on this subject in the collection, why do you believe the Library should own this material as well? \_\_\_\_\_

\_\_\_\_\_

5. Please provide information about published reviews of this material. \_\_\_\_\_

\_\_\_\_\_

6. Who is the intended audience for this material? \_\_\_\_\_



7. Are there alternatives to this material that the Library should consider? \_\_\_\_\_

\_\_\_\_\_

8. Other comments: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complainant represents: Self \_\_ Group or Organization\_\_ Please identify your group or organization. \_\_\_\_\_

\_\_\_\_\_

Date

Signature

Group or Organization