

*****LIBRARY MATERIALS COMMENT FORM*****

HERBERT WESCOAT MEMORIAL LIBRARY

SERVING VINTON COUNTY

120 NORTH MARKET STREET
MCARTHUR, OHIO 45651-1218
TEL. (740) 596-5691 FAX (740) 596-2477

Date _____

Author: _____ Title: _____

Publisher: _____

Date of Publication _____ Call Number _____

What brought this item to your attention? (reviews/word-of-mouth/etc.)

If reviews, please give the name and date of publication. _____

Have you read or reviewed the ENTIRE item? _____ To what do you object? (Please be SPECIFIC, citing page numbers if possible.)

(Please continue on reverse if more space is needed)

Name _____

Complete Address _____

Telephone Number _____

Are you representing yourself? YES NO If no, what group or organization are you representing?

Name of organization: _____

Your Signature

Print Your Name

Appropriate library staff will give careful consideration to your comments and concerns and will respond in **writing** as soon as possible.

****FOR STAFF USE ONLY****

Date received: _____ Assigned to: _____

Date completed: _____ Initials: _____

Copies to: Library Director