

245 Lake Street Upper Saddle River New Jersey 07458 Telephone: 201-327-2583

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The Trustees of the Upper Saddle River Library have established a materials selection policy and a procedure for providing feedback. Completion of this form is the first step in that process. If you wish to recommend or request reconsideration of a resource, please return the completed form to the Library Director.

Opper Saddle Rive	r Library, 245 La	ike Street, Uppe	er Saddle	: River,	NJ 07458	
Date	***************************************					
Name						
Address						
City/State/Zip						
Upper Saddle River	Library card #					
Phone		Email		····		
Are you submitting t	his form on beh	alf of yourself?	***************************************			
If on behalf of anoth	er person or an	organization ple	ease ider	ntify?		
1. Resource on whic	ch you are comm	nenting:				
Title	Copyright date					
Author/Producer			Publisher			
Format: Book	Magazine	Audiobook	DVD	CD	Electronic	Other
2. What brought this	resource to you	r attention?				
3. Have you examine						

4. Please describe your specific reasons for recommendation of or objection to this material.
5. Are there resource(s) you have consulted regarding this material? Please provide details.
6. What action are you requesting the Library to consider?