## Paris–Bourbon County Public Library Request for Review of Library Resource

As a Sanctuary Library, the Paris–Bourbon County Library protects and promotes the constitutional rights of each Library patron to access and use Library resources. The Library serves a broad and diverse community and provides accordingly each patron unrestricted access to a broad and diverse collection of resources. Members of the community are responsible for their use of Library resources, and likewise are solely responsible for the use of Library resources by minors in their care.

Resources that some portion of the community may find objectionable shall not be automatically rejected. In its selection of resources, the Library observes flexibility and open-mindedness. Resources are evaluated as complete works and not on the basis of particular components. A resource will not be excluded from the Library's offerings solely because it represents a particular aspect of life, because of frankness of expression, or because it is controversial.

Review procedures have been established so that members of the community (those who reside or own property in Bourbon County) may express concerns about resources which are offered by the Library. Completion of this form is the first step in these procedures. If you wish to request review of a Library resource, please return this completed form to: Director, Paris–Bourbon County Public Library, 701 High Street, Paris, KY 40361.

Name	Date
Address	
City	State/Zip
Phone	Email
Do you represent self?	Or an organization/group?
	Group
□ Audio □ E-aud □ DVD □ Strear □ Maga □ Digita □ Libra □ Libra	ok (service provider name) obook liobook (service provider name)
Title:	

2. What brought this resource to your attention?

3. Have you examined the entire resource?  $\Box$  Yes  $\Box$  No If no, what parts did you examine?

\_\_\_\_\_

4. Have you read/seen/heard any published reviews of this resource?  $\Box$  Yes  $\Box$  No If yes, please give name and date of publication(s):

\_\_\_\_\_

5. What concerns do you have about the resource? Please be specific (use other side if needed)

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\_\_\_\_\_

6. Do you have a recommendation for an alternative to this resource?

7. Are there resource(s) you suggest that provide additional information and/or other viewpoints on this topic?

8. What action are you requesting the Library consider?

Signature of person submitting the Review Form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff member receiving the Review Form: \_\_\_\_\_ Date: \_\_\_\_\_

The Paris–Bourbon County Public Library appreciates your interest in the Library's resources. You will receive notification of the progress or determination of this request within 30 days from the date the form is received by the Library.