

Request to review material

Libraries Tararua



Your details	<i>The result of the review will be communicated to you.</i>
Name	
Address	
Phone / Email	
Do you represent a group or organisation? Yes / No	Group or organisation name:
Resource Under Review	
Format of resource e.g. book, DVD, magazine, audio	
Title	
Author	
Date published	
What specific part/s of the material do you object to and why? (Please give precise references e.g. page number, paragraph, time stamp etc)	
Have you read, listened to, or watched the entire item? Yes / No If no, what particular section did you read/listen to/watch?	
What do you feel might be the result of reading/viewing/listening to this work?	
For what age group do you recommend this work?	
What action do you recommend in regards to this work?	
In its place, what specific work would you recommend that would better represent the theme and perspective of this subject?	

Signed Date

Send to District Librarian for review (library@tararua.govt.nz)