

## Citizen Review Request

We appreciate your feedback. Return this completed form to any Douglas County Libraries (DCL) location, or email it to <a href="mailto:citizenrequest@dclibraries.org">citizenrequest@dclibraries.org</a>. Library staff will review your request, research the item/service in question, and respond within seven business days. If further communication is required, library staff will direct you according to our Citizen Review Request Policy.

Date:	Theme/Topic of Concern:				
Item/service Details (as applica	able: title, author, material fo	rmat, location	ı, date seen, serv	ice, progra	m, etc.):
Varia Nama	C:-				
Your Name:	Sig	nature:	Chala	<b>7</b> 1.	
Mailing Address:		City:	State:	Zip:	
Phone:	Email:	I	Representing:	Self (	Organization
Organization Name (if applicab	ole):				
Organization Address:		City:	State:	Zip:	
Are you a Douglas County Resident? YES NO NOTE: The Citizen Review Request process is available to Douglas County citizens only.					
(Please initial here) I have read <u>DCL's Policies</u> on Access, Children and Parents, Citizen Review Request Curating Library Collections and Content, Library Facilities and Spaces, and Programs.					
Share the details of your conce	ern(s). Please be specific/cite	examples.			
	(-,,,,,				
Is there an audience for which	this [material/display/service	e] might be ap	propriate? If so,	please spe	cify.
What topics or content can yo additional information on the s		the point of v	view to which yo	u object, c	or to provide
Library customers may request	titles they would like to see	added to the	Library's collectio	on. To mak	e a request,

visit https://titlerequest.douglascountylibraries.org.