

**GAIL BORDEN PUBLIC LIBRARY DISTRICT
Elgin, Illinois**

FORM I

OBJECTION TO LIBRARY RESOURCE

Material: _____

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ Email: _____

Objection Represents: _____ Individual _____ Organization

Reason for Objection: _____

Signature: _____

Took Form III: _____ Yes _____ No

Date Form III Returned: _____