CHESTERFIELD TOWNSHIP LIBRARY

Request for Reconsideration of Library Material

This form must be filled out in its entirety with the individual’s contact information and signature, and returned to the library director.

Contact Information
Your Name:___________________________________________ Date: ____________
Address:______________________________________________
Telephone:____________________________________________
Email: ________________________________________________
Do you represent yourself? ______ Organization? ______
Organization: __________________________________________

Resource on which you are commenting
Book_____ Magazine_____ DVD _____ CD _____ Audiobook _____
Content of Library Program _____ Library Exhibit _____

Title: ____________________________________________________
Author/Producer: __________________________________________

What brought this resource to your attention?

Have you examined the entire resource? If not, what specific parts/pages?

What concerns you about the resource? Please be specific (cite pages).

Are there resources you suggest to provide additional information and/or other viewpoints on this topic?

Signature_____________________________________________________
