

Request for Reconsideration of Library Materials

The trustees of Roseland Free Public Library have established a materials selection policy and a procedure for gathering input about particular items from Roseland residents. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director.

| Name: | | | |
|--|-------------------------------|---------------------------|------------------------------------|
| Home Phone: | Work Phone: | | |
| Street Address: | | | |
| City: | State: | Zip Code | |
| Signature: | | Today's Date: | |
| Please describe the item in que | stion: | | |
| Title: | | | _ |
| Author: | | | |
| Call number (located on spine la | abel): | Publisher: | |
| Format (book, video, CD, DVD, | etc.): | | |
| - | ct you to have read/viewed | d/listened to the work in | its entirety before submitting the |
| request. Have you read/viewed/listened t | | | |
| If not, please complete the mate | erial and then proceed with | completing the form. | |
| What concerns you about the re | source? | | |
| Specifically, to which portions of minutes into the video, etc.)? Pl | | | em is it located (page number, |
| Are there resource(s) you sugge | est to provide additional inf | ormation and/or other vi | ewpoints on this topic? |
| What action are you requesting | the committee consider? _ | | |
| Date of Request Reviewed by D | Director: | [Please find Di | rector's notes attached] |
| Date of Request Reviewed by E | Board of Trustees: | | |