

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:		