



38 Main Street, Salisbury, CT 06068

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Date _____
Name _____
Address _____
City _____ State/Zip _____
Phone _____ Email _____

Do you represent self? ____ Or an organization? ____

Name of Organization: _____

1. Resource on which you are commenting:
____ Book (e-book) ____ Movie ____ Magazine ____ Audio Recording
____ Digital Resource ____ Game ____ Newspaper ____ Other

Title _____
Author/Producer _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting the committee consider?

This form must be signed.

Name _____

Date _____