

## **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.<br>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:            |                           |                                    |