

SHELTON LIBRARY SYSTEM



MATERIAL RECONSIDERATION POLICY:

Contact Information:

Name: _____ Date _____
Street: _____ Phone: _____
City, State, ZIP: _____ E-mail: _____
Do you represent a group? _____ If so, name of group:

Resource Information:

Resource that concerns you:

___ Book ___ Library Program ___ Display ___ Magazine ___ Audio Recording ___ DVD ___ Newspaper
___ Electronic Resource/Web Site (please specify): _____
Other (please specify): _____ Title/URL: _____
Author/Producer: _____

Requested Action:

_____ Add it to the Library _____ Shelf it elsewhere _____ Remove it from the Library
Other (please specify): _____
Please explain how such an action would improve the Library's service to the community:

Details:

Use the back of this paper if necessary to answer the following questions:

What in the work do you object to? Please be specific and cite pages if applicable.

Did you read and review the entire work? _____

What brought this item to your attention? _____

For what age group would you recommend this item? _____

Additional comments: _____

Signature _____ Date _____



Plumb Memorial Library
65 Wooster Street
Shelton, CT. 06484

Huntington Branch Library
41 Church Street
Shelton, CT. 06484

