

**Material Reconsideration Form**

Contact Information: Full legal name required.

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you represent a group? \_\_\_\_\_

If so, name of group: \_\_\_\_\_

An individual may not submit a request for reconsideration without complete contact information.

Reconsideration requests are not confidential patron records under section 11-25 of the general statutes.

**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.

What portion or portions in the work do you object to? Please be specific and cite pages if applicable. \_\_\_\_\_

Did you review the entire work? \_\_\_\_\_

What brought this item to your attention? \_\_\_\_\_

For what age group would you recommend this item? \_\_\_\_\_

Additional comments: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_