

Leicester Public Library Request for Reconsideration of Library Materials

Thank you for your interest in the Library's collections. Please fill out this form completely and sign it. We need this information to respond adequately to your request. Your comments will be reviewed by library staff and the Board of Trustees, and you will be sent a written reply after the next regularly scheduled Trustees meeting.

Title _____ Author _____

This material is a:

- | | | |
|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> DVD | <input type="checkbox"/> Audio Book |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Music cd | <input type="checkbox"/> Other _____ |

How was this material brought to your attention? _____

Did you read (watch, listen to) the material in its entirety? Yes No

If no, what parts have you examined? _____

Please explain your objection to this material. Please be specific. _____

What harmful effect do you feel this material might have? On whom? _____

What are the positive aspects of this material? _____

Are there alternatives to this material which you would like the Library to consider? _____

What would you like the Library to do about this material? _____

Name _____

Do you represent: Yourself

Address _____

An organization (name) _____

Town/Zip _____

Other (please specify) _____

Signature _____

Date _____