

Loudonville Public Library
Request for Reconsideration of a Title Form

Date: _____

Item Information

Title: _____

Author / Performer (if applicable): _____

Format: _____ (book / DVD / CD / etc.)

Publication date: _____

Collection: _____ (juvenile / teen / adult)

Patron Information

Name: _____

Library card #: _____

Address: _____

City: _____ Zip: _____

Phone #: _____

Objections

1. To what, in particular, do you object in the book, DVD, CD, etc.? (Please be specific and cite page numbers, movie scenes, songs, etc.)

2. What do you feel is the danger of reading/viewing/listening to this material?

3. In your opinion, is there any value or redeeming quality associated with this material?

4. Did you read/view/listen to the complete content of this item? _____

5. Have you read the library's "Collection Development Policy"? _____

6. What would you like the library to do about the material?

a. Refer to the materials review committee of the board of trustees for an official opinion

b. Do not lend this item to my child

c. Other _____

Signature of Complainant: _____ Date: _____

Thank you for your concern regarding the library's collection. You will be notified about the library's decision on this matter as soon as possible. In the meantime, the disputed material will continue to be part of the library's circulation collection.

