

LEWISBORO LIBRARY
15 Main Street, PO Box 477
South Salem, NY 10590
(914) 875-9004
lewisborolibrary@gmail.com

Patron's Request for Reconsideration of Library Material

Author: _____ Publisher (if known): _____

Title: _____

Form of material (ie: book, DVD, audiobook) _____

Request initiated by: _____

Address: _____

City: _____ State: _____ Zipcode : _____

Telephone: _____ Email: _____

Whom do you represent?:

Myself: _____

Organization: _____ (please specify)

Other: _____ (please specify)

■ Did you read, see, listen to or otherwise use the material in its entirety?

Yes: _____

No: _____ If not, then which parts? _____

■ Have you seen or heard reviews of this material?

Yes: _____ (please name the source)

No: _____

Patron's Request for Reconsideration of Library Material (page 2)

■ What do you think the material is about? _____

■ To what in the work do you object? (Please be specific)

■ What do you feel might be the result of reading, viewing, or hearing this work?

■ Is there anything good about the work?

■ What would you like your library to do about this material?

■ In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

Your Signature _____

Date _____

The Library appreciates your interest. Your comments will be forwarded to the Board of Trustees, who will respond to you by letter.

Adopted June 12, 2002 Revised: September 2018

Lewisboro Library Board of Trustees