Charlton Public Library
Reconsideration of Library Materials or Services Form
Charlton Residents Only

Date___________________

Required information:
Name ______________________________________________________________
Address ______________________________________________________________
Phone________________________ Email________________________________

Have you read the Charlton Public Library Reconsideration of Library Materials or Services Policy?
___Yes   ___No

You represent:
___Yourself      ___An organization

Name of organization if applicable:______________________________________

What/who is the title, author, performer, or producer of the material or service in question?
______________________________________________________________________
______________________________________________________________________

I read, listened to, or viewed this material completely.
___Yes   ___No   ___Not applicable

I attended the entire program.
___Yes   ___No   ___Not applicable

I saw this exhibit or display in person.
___Yes   ___No   ___Not applicable

In your view, the topic or theme of the material, program, exhibit, or display is:
______________________________________________________________________
______________________________________________________________________
Your objection to the material, program, exhibit, or display is:

______________________________________________________________________

______________________________________________________________________

What do you feel might be the result of reading this material or viewing this program or exhibit?

______________________________________________________________________

______________________________________________________________________

Other materials you recommend to provide additional information or points of view on this topic:

______________________________________________________________________

______________________________________________________________________

How could your concerns be resolved?

______________________________________________________________________

______________________________________________________________________

Patron Signature (required)______________________________________________

Library Director Signature____________________________________Date received______

Note: A copy of the request form without identifying patron information will be submitted to the American Library Association Intellectual Freedom Committee.

Approved by the Library Board of Trustees on March 21, 2023