

Reconsideration of Library Materials Policy/Form

The Board of Trustees and the Library Director have approved the use of this form to be used by any Sharon resident who has a concern about any material item in the Sharon Public Library collection. The person making the request must complete and submit this form. The Library Director will review the form and respond to the person making the request.

About the item for reconsideration:

| Title: | | | | |
|--------------------------------------|--------------------------------------|---|---------|--|
| Author: | | Call number: | | |
| Publisher: | | Publication Date: | | |
| Format: | | k/Book on CDDVD/BI /NewspaperDataba le through: | se item | |
| | Another item in the collection: | | | |
| Request initi | - | | | |
| Name: | | Phone: | | |
| Address: | | | | |
| Email addres | SS: | | | |
| Preferred co | ntact method? (Circle one) Mail / En | nail / Phone | | |
| Are you filling | g out this form: As an individual? _ | or on behalf of an organi | zation? | |
| Please name your organization/group. | | | | |
| | | | | |

Reasons for filing the request (please be as specific as possible; you may attach additional pages if needed):

1. What brought this title to your attention?

- 2. What do you object to in the work? Please cite pages (or timestamps for audiovisual works). What do you believe might happen if someone reads, views, or listens to this work?
- 3. Did you review the entire work? If not, what parts did you review?
- 4. In your opinion, how does this work comply, or fail to comply, with the "Intellectual Freedom and Access Section" and "Selection Criteria Section" of the Sharon Public Library Collection Development Policy?
- 5. Please suggest other resources that could provide similar information on this topic to the community. What material of equal or better quality on this subject would you recommend?
- 6. Do you believe that other people should have the right to decide what materials and information are available for you and your family to access? If so, why? If not, why not?

Signature: _____

| Date: | |
|-------|--|
| | |
| | |

Please submit this completed form to a library staff member. The Library Director will contact you regarding your request.