

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Please complete the form below and return to the attention of the Library Director at
Catskill Public Library 1 Franklin St., Catskill NY 12414

Date

Name

Address

City

State/Zip

Phone

Email

Do you represent self? _____ Or an organization? _____ Name of Organization _____

1. Resource on which you are commenting:

___ Book (e-book)

___ Magazine

___ Digital Resource

___ Newspaper

___ Movie

___ Audio Recording

___ Game

___ Other

Title: _____

Author/Producer:

2. What brought this resource to your attention?

3. Have you examined the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Are there resource(s) you would suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting the committee to consider?