

Yorktown Public Library  
Request for Reconsideration of Library Materials

Date \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Library Card No. \_\_\_\_\_

Type of Material:

Book/Audiobook/eBook \_\_\_ Video/**Game** \_\_\_ Magazine \_\_\_ Music CD \_\_\_ Newspaper \_\_\_ Other \_\_\_

Title of item \_\_\_\_\_

Author/Producer/Artist \_\_\_\_\_

Publisher \_\_\_\_\_

Date of publication \_\_\_\_\_

What brought this item to your attention? \_\_\_\_\_

\_\_\_\_\_

What concerns you about the resource? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List specific pages/sections/songs that concern you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like the library to do about this material? \_\_\_\_\_

\_\_\_\_\_

All sections must be completed. You may use the back of this form if needed.

Signature \_\_\_\_\_

Date \_\_\_\_\_