

Yorktown Public Library
Request for Reconsideration of Library Materials

Date _____

Name of complainant _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Library Card Barcode _____

Are you making this request as an individual? _____ Check if YES

Or as the representative of an organization? _____ Check if YES

If you are speaking on behalf of an organization, give the name and address of the organization:

Type of item you are challenging (fill out a separate form for each item challenged):

Book ___ Audio ___ Video ___ Magazine ___ Newspaper ___ Other ___

Title of item _____

Author _____

Publisher/Distributor/Producer _____

Date of publication _____

What brought this item to your attention? _____

Is your objection to this item based upon your own exposure and reaction to it, upon complaints about it made directly to you by others, or upon reports you have heard about?

Have you read, viewed or listened to this item in its entirety? If not, what portions of it have you read, viewed, or listened to? (List portions by page number, time into video, or other identification.)

To what specific aspects of the item do you object to? Cite specific pages, passages, or scenes. Can you suggest any materials to provide additional information or other viewpoints on this topic? (Use back of page if needed.)

Signature _____

Date _____

Approved 9/12/13