

**East Rutherford Memorial Library
Reconsideration of Materials Request**



Contact Information: (Please print)

Your name _____ Address _____

City _____ States _____ Zip _____

Phone _____ Email _____

Do you represent a group or organization? Yes No

If yes, please identify: _____

Have you read Memorial Library's Materials Selection & Reconsideration Policy? _____

Material for Reconsideration:

Title _____ Author _____

Publisher or Production Company _____

Type of Material, ie. Book, DVD, Newspaper _____

Have you read or reviewed the entire resource? Yes No

If not, what parts did you read, view, or listen to? _____

Have you read any reviews of this material? Yes No

If yes, please cite which reviews: _____

What concerns you about this material (if a book, cite page numbers; if a film, cite scenes)?

How could your concerns about this resource be resolved? _____

Do you think that groups or other members of the community should have the right to keep you from having access to materials you'd like to access of which they disapprove and/or disagree?

Yes No

Patron Signature _____ Date _____

Received by Staff Member _____ Date _____

Only signed forms will be considered. The Library Director will acknowledge receipt of the form within two weeks of receipt.