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 byStaff Member ________________________________ Date __________________

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