New Lebanon Library Request for Reconsideration of Library Materials (Adopted 4/11/2009)

New Lebanon, NY 12125

If you wish to request reconsideration of library materials, please return this completed form to: Library Director New Lebanon Library PO Box 630

Date:	
Name:	
Address:	
Telephone:	
Which of the following do you represent?	
Self	
Organization (Please specify:	
Type of resource on which you are commenting:	
Book	Library Program
Audio recording	Periodical
Video / DVD	Electronic
Other (please specify:)
Have you examined the material in its entirety? Y	Yes No
Author:	
Title:	
Publisher / Producer:	
Date of Publication:	

Is your objection to this material based upon your personal exposure to it, upon reports you have heard, or both?
What concerns you about this resource? Please cite specific passages, pages, etc. Use additional pages if necessary.
Are there resources you suggest to provide additional information and/or other viewpoints on this subject? Use additional pages if necessary.