



Watertown Free Public Library Request for Reconsideration of Library Material

Name: _____

Address: _____

Phone: _____

Email: _____

Representing: Self Organization (*please name*) _____

Author: _____

Title: _____

Publisher: _____

Type of Material: Book Magazine Video Other

1. Have you read the Library's Collection Development Policy? Yes No (*please do so*)

2. Did you read, view or listen to the entire material? Yes No

3. To what in this material do you object? (*please be specific and cite pages*)

4. What do you feel might be the result of reading, viewing, or listening to this material?

5. Have you read any professional reviews of this item? If yes, please list below:

6. What action do you suggest we take with this item?

7. What could we add to the collection to represent your point of view? _____

Signature / Date: _____ / ____ / ____