Leicester Public Library
Request for Reconsideration of Library Materials

Thank you for your interest in the Library’s collections. Please fill out this form completely and sign it. We need this information to respond adequately to your request. Your comments will be reviewed by library staff and the Board of Trustees, and you will be sent a written reply after the next regularly scheduled Trustees meeting.

Title__________________________________________ Author _________________________

This material is a:
☐ Book  ☐ DVD  ☐ Audio Book
☐ Periodical  ☐ Music cd  ☐ Other ________________________

How was this material brought to your attention? __________________________________________

________________________________________

Did you read (watch, listen to) the material in its entirety?  ☐ Yes  ☐ No

If no, what parts have you examined? _________________________________________________

Please explain your objection to this material. Please be specific. __________________________

________________________________________

What harmful effect do you feel this material might have? On whom? ______________________

________________________________________

What are the positive aspects of this material? __________________________________________

________________________________________

Are there alternatives to this material which you would like the Library to consider? _________

________________________________________

What would you like the Library to do about this material? ________________________________

________________________________________

Name_______________________________________ Do you represent:  ☐ Yourself

Address_______________________________________ ☐ An organization (name)_______

Town/Zip_______________________________________ ☐ Other (please specify)_________

Signature_______________________________________ Date____________________