Request for Reconsideration of Library Materials

Name				
Date				
Address				
City	State	Zip		
Email Phone		Phone		
Resource on which you	are commenting:			
BookAudiovisual Resource				
MagazineDigital Resource				
Newspape	erConte	ent of Library Program		
Title				
Author/Producer				
Reference Number_				
All questions are require	∍d.			
1. Do you have an active library card with Broome County Public Library?				
	_			
2. What brought this title to your attention?				

3.	Please describe why, in your opinion, the named resource is objectionable.
4.	Why does this resource not fall within the collection development policy of the Library? Please refer to our collection development policy, located here:
5.	What material in the resource do you find objectionable? Please be specific, citing pages and/or sections.
6.	Did you read, view or listen to the entire resource?
7.	What do you feel might be the result of using this resource?
8.	Are you aware of the evaluation of this work by critics? Please provide an example.

9. Are there citations or supporting materials that have informed your opinion of this topic?	n
10. You are requesting the resource: ☐ be removed	
 be removed be relocated to another section of the collection be balanced with other materials 	
11. If you wish the resource to be balanced, please list titles of resources that cobe added to the collection to provide a balanced view:	ould
FOR LIBRARY USE ONLY	
Name of staff member taking comment:	
Department:	