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**DERRY PUBLIC LIBRARY
REQUEST FOR RECONSIDERATION OF MATERIALS**

The Derry Public Library appreciates any concerns you may have about materials, resources or services the library offers. So that we may address them fully, please fill out this form and return it to the attention of the Library Director. You will receive an acknowledgement upon the director's receipt of the form.

NAME (print) _____ DATE _____

ADDRESS _____ PHONE _____

TITLE _____ AUTHOR _____

Please circle all that apply: Book Video Audio Magazine Internet Other _____
Children Young Adult Adult

Have you read, listened to or reviewed the entire work? _____

Please specifically describe your objection to the material, citing page numbers or sections of particular concern. You may wish to consider such things as what you feel would be the result of reading/viewing/listening to this material, as well as age appropriateness and anything of positive value about it. **Please use the back or attach separate sheet if necessary.**

PATRON SIGNATURE _____

_____ TO BE FILLED IN BY LIBRARY STAFF _____

Date Received: _____ Director Signature: _____

Disposition: _____

_____ Patron notified: _____

Board of Trustees: _____ Patron notified: _____