

Request for Reconsideration

The Board of Directors of Easton Area Public Library have established collection development, display, and programming policies, and a procedure for gathering input about these resources. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director.

Easton Area Public Library
515 Church St
Easton, PA 18042

Date _____ Library Card _____
Name _____
Address _____
City _____ State/Zip _____
Phone _____ Email _____

Do you represent self? ____ Or an organization? ____

Name of Organization _____

1. Resource on which you are commenting:

____ Book (e-book) ____ Movie ____ Magazine ____ Audio Recording ____ Display
____ Digital Resource ____ Game ____ Newspaper ____ Program

Title _____

Author/Producer _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting the committee consider?

Signature:

Request for Reconsideration

FOR LIBRARY USE ONLY

Previously challenged (Y/N)_____ If yes, date_____

Date added to collection_____ Date last circulated_____

Intended audience_____ Shelving location_____

Professional reviews:

Source_____

Comments_____

Source_____

Comments_____

Source_____

Comments_____

Other information_____

Decision_____

Date_____

Board President_____