

Charlton Public Library Reconsideration Form for Charlton Residents

Date _____

Required information:

Name _____

Address _____

Phone _____ Email _____

Have you read the Charlton Public Library Reconsideration of Library Materials or Services Policy? Yes No

You represent:

Yourself An organization

Name of organization if applicable: _____

What/who is the title, author, performer, or producer of the material or service in question?

I read, listened to, or viewed this material completely.

Yes No Not applicable

I attended the entire program.

Yes No Not applicable

I saw this exhibit or display in person.

Yes No Not applicable

In your view, the topic or theme of the material, program, exhibit, or display is:

Your objection to the material, program, exhibit, or display is:

What do you feel might be the result of reading this material or viewing this program or exhibit?

Other materials you recommend to provide additional information or points of view on this topic:

How could your concerns be resolved?

Patron Signature (required)_____

Library Director Signature_____Date received_____

A copy of the request form without identifying patron information will be submitted to the American Library Association Intellectual Freedom Committee.