

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

KINGSTON LIBRARY

If you wish to request reconsideration of library materials, please complete this form and return it to Director; Kingston Library, 55 Franklin Street, Kingston, NY 12401. **PLEASE**

NOTE: your request will be forwarded to the Kingston Library Board of Trustees and it will become a matter of public record, including your name and address.

1. **What kind of material are you commenting on: (e.g. book, video, magazine, etc.)** _____

2. **Please provide the following information on this material:**

Title: _____

Author: _____

Copyright date: _____ **Publisher/Producer:** _____

3. **Why did you select this item to read or view? Please explain:**

4. **Before borrowing the book, did you read the dust jacket summary or leaf through the book? Yes _____ No _____**

If no, what parts did you read? _____

5. **Did you read, view or listen to the entire work? Yes _____ No _____**

If no, what parts did you read, view, or listen to? _____

6. To what in the book do you object? Why? (Please be specific, citing page numbers, etc; use other side if needed.) _____

7. What is the central theme of this book? _____

8. Would anyone else, for any reason, find value or merit in the book? Why?

9. What do you feel might be the result of reading/listening to/viewing this material?

10. **Would you recommend this material for a different age group or location? If so, please specify.**

11. **Can you suggest other material to take its place?** _____

12. **Have you read other books which depict or express the subject matter of this book in a manner which is acceptable to you? Yes _____ No _____ If yes, what books?**

13. **Is there anything good about this work?** _____

14. **Are you aware of the judgment of this work by critics?**

15. **What specifically do you want the Kingston Library to do with this book?**

16. How would this improve the Kingston Library's service to the community?

17. Have you read the Kingston Library's Collection Development Policy?

Yes _____ **No** _____

18. Does any individual have the right to censor your reading, to tell you what you may or may not read?

19. What other comments would you like to make? _____

20. Do you have a borrower's card with the Kingston Library?

Yes _____ **No** _____

Name: _____ **Phone:** _____

Address: _____

Signature: _____ **Date:** _____