Request for Reconsideration of Library Materials

The Laingsburg Public Library Board and staff support the freedom to read and the right of individuals to access a broad range of ideas. If you would like the Library to reconsider an item in the collection, please complete this form in full and return it to the Library Director.

1. Your In	formation			
Name:				
Address:				
City/State/Z	Zip:			
Phone:				
Email:				
2. Materia Title:	l You Are C	oncerned About		
Author:				
Format:				
□ Book	□ DVD	☐ Audiobook	☐ Magazine	☐ Other:
3. Have Yo	ou Read or V	iewed the Entire V	Vork?	
□ Yes □ No	0			

4. What Are Your Concerns?	
(Please be specific — include page num	nbers, quotes, or scenes if possible.)
5. What Action Are You Reque	sting?
☐ Remove the material from the library	/
☐ Reclassify or move to a different sec	tion (e.g., from Youth to Adult)
\square Add a warning label or content notic	e
☐ Other:	
7. Signature	
· · · · · · · · · · · · · · · · · · ·	formal reconsideration process that may include a staff and/or or viewed the entire material and submit this request in good faith.
Signature:	Date:
For Library Use Only	
Date Received:	
Received By:	
Reviewed Date:	

Final Decision:	
Patron Notified:	