OSSINING PUBLIC LIBRARY
Request for Reconsideration of Library Materials

Please return the completed form to: Library Director
Ossining Public Library
53 Croton Avenue, Ossining, NY 10562

You may also leave the completed form at the Circulation Desk.

Date: ________________
Name: ____________________________________________
Address: ____________________________________________
City: ___________________________________ State: ________ Zip: ______
Phone: ________________________________

Do you represent yourself? ______ or an Organization? (Name) __________________________

Resource on which you are commenting: _____Book _____Audio _____DVD
_____Magazine _____Library Program _____Newspaper
_____Other (Please specify) ______________________________

Author: ________________________________
Title: _______________________________________________________________________
Publisher: ___________________________________________________________________

What brought this material to your attention? _______________________________________

Is your objection to this material based upon your personal experience with it, upon reports you
have heard, or both? _____________________________________________________________

Have you examined (read/heard/seen) the material in its entirety? _______________________

What concerns you about the material? _____________________________________________

Please cite specific passages, pages, etc. (use other side or additional pages if necessary).
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are there resources you suggest to provide additional information and/or other viewpoints on
this topic?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________