

**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?

\_\_\_\_\_  
\_\_\_\_\_