



Chester Library Request for Reconsideration of Materials

To request review of library material, complete this form and return it to:

*Chester Library
Attn: Director
250 W. Main St.
Chester, NJ 07930*

Your Name _____ Date _____
(Please print)

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Are you a resident of Chester? Yes No Do you represent an organization? Yes No

If yes, provide organization name: _____

Have you read and do you understand the Chester Library's Materials Selection Policy (attached)? Yes No

Library material on which you are commenting (please circle one):

Book Magazine Newspaper Video
Electronic Resource Audio Book Other _____

Title _____

Author/Artist/Producer _____

What brought this resource to your attention?

Have you examined the entire resource? Yes No

If you have not reviewed the entire resource, which sections did you review?

What concerns you about this resource? Please be specific, citing certain pages, passages, or language in context, and if possible, attach examples of what concerns you.

If you are requesting a reclassification, for which age group would you recommend this work?

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

What would you like this library to do about this work?

- ☐ Reclassify the item (I.e., adult section to juvenile, or juvenile to adult)
- ☐ Return it to the Director for reevaluation
- ☐ Other. Explain:

Signature _____

Library Card # _____