

REQUEST FOR RECONSIDERATION

Patron Full Legal Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Library Card #: _____ Organization Represented (if any): _____

Resource Type:

Print Material DVD/Audio/CD Electronic Resource
Display/Exhibit Program Other _____

1. Title/Description: _____

2. Author/Producer/Performer/Display: _____

3. Have you read Bristol Public Library's Collection Development Policy? Yes No

4. What brought this title/display/program to your attention? _____

5. What is your objection to this title/display/program? Please be specific and provide examples (page numbers; quotes; etc.) that illustrate your concerns. _____

6. If you have concerns about a title or program, did you read/listen/view the entire work or event? (If not, we may choose to not respond.) Yes No

7. For what age group would you recommend this title/display/program? _____

8. What would you like the library to do about this title/display/program? _____

Patron Signature _____ Date _____

Please submit the completed form including **full legal** name, address, and phone number to the Library Director. This information is **REQUIRED** in order for the request to be considered. Requests will be carefully considered and reviewed by the Bristol Public Library Board of Directors and the City of Bristol Corporation Counsel as needed. All reconsideration requests about library resources are viewed in the context of the collection development policy.