

William B. Ogden Free Library
RECONSIDERATION OF LIBRARY MATERIALS FORM

Please complete the form below and return it to:

Library Director

C/O William B. Ogden Free Library
PO Box 298
Walton, NY 13856

Requested by: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Representing: Self: Organization:

Organization's Name _____

Have you read the Library's Collection Development Policy? Yes No

Resource on which you wish to comment: Book Video Magazine Newspaper Audiobook
Music Digital Resource Display Other (Please list) _____

Author/Producer: _____

Title: _____

What brought this work to your attention?

What concerns you about this work? (Use opposite side or additional pages if necessary.)

Did you read, view, or listen to the entire work? Yes No

To what do you object? Please be specific. (Use opposite side or additional pages if necessary)

What works would you recommend to provide additional information and/or other viewpoints on this topic?

What action are you requesting the review committee take? Re-evaluate Withdrawal Other: _____

Signature: _____