

Silas Bronson Library
Request for Reconsideration Form

Please include your full legal name, home address, and telephone number on this form or it will not be accepted. All requests must be from an individual residing in Waterbury.

Please note the individual requesting reconsideration of library material will be given a packet of documents that includes the library's Collection Development Policy, the Library Bill of Rights, and the Freedom to Read and the Freedom to View statements from the American Library Association. These documents are available at the Reference Desk in the Main Reading Room and must be picked up in person.

Full Legal Name _____

Date _____ Phone _____

Home Address _____

Email Address _____

Do you represent yourself? _____

Do you represent an organization? (please identify) _____

1. Resource on which you are commenting:

____ Book ____ Display ____ Movie ____ Magazine ____ Library Program
____ Music ____ Newspaper ____ Artwork ____ Other (please specify) _____

Title _____

Author/Artist/Producer/Provider _____

2. Specify which portion or portions of the material is objected to and explain the reason for your objection. (Use additional pages, if necessary.)

3. What brought this resource to your attention?

4. Have you read or viewed the material in its entirety?

5. What concerns you about this material? (Use additional pages, if necessary.)

6. What do you believe is the purpose of this material?

7. For what age group should this material be recommended?

8. Overall, do you think there is any value in this material?

9. Are there resources you can suggest providing additional information and/or other viewpoints on this topic?

10. Are you aware of any critical reviews dealing with this material? List here, or provide as an attachment.

11. Why do you feel your negative feelings about this work should prevent other members of the Waterbury community, who may not share your concerns, from accessing this material?

12. What would you like the library to do about this material?

Please sign and date below and return this form to the Library Director. You will be notified within 60 days of receipt of the results of the reconsideration process. Reconsideration requests are not confidential patron records under Section 11-25 of the Connecticut General Statutes.

Signature_____ Date_____