

**EMMAUS PUBLIC LIBRARY  
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS**

If you wish to request reconsideration of a resource, please return the completed form to the library director.

Emmaus Public Library, 11 W Main Street, Emmaus, PA 18049

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you represent:

Yourself     Organization Name of Organization: \_\_\_\_\_

1. Resource on which you are commenting:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Book (eBook)    | <input type="checkbox"/> Movie            | <input type="checkbox"/> Magazine/Newspaper         |
| <input type="checkbox"/> Music CD        | <input type="checkbox"/> Audio Recording  | <input type="checkbox"/> Multi-media Kit/Board Game |
| <input type="checkbox"/> Library Program | <input type="checkbox"/> Digital Resource | <input type="checkbox"/> Other                      |

Title: \_\_\_\_\_

Author: \_\_\_\_\_

2. Did you read, view, or listen to the entire item?     Yes  No

If no, what parts did you read, view, or listen to?

\_\_\_\_\_

\_\_\_\_\_

3. What do you find objectionable about this item? (Please be specific; cite pages or scenes)

\_\_\_\_\_

\_\_\_\_\_

4. What do you feel might be the result of reading, viewing, or listening to this item in the library's collection?

\_\_\_\_\_

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5. For what age group would you recommend this item? \_\_\_\_\_

6. Is there anything positive about this item? \_\_\_\_\_

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7. What do you believe is the theme of this item? \_\_\_\_\_

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### Library Use Only

#### Review Process Record

Reviewed by: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Decision: \_\_\_\_\_

Copy of Review sent to Patron: \_\_\_\_\_ (Date & Initials)

Board of Directors & Library Director's Date of Review: \_\_\_\_\_

Decision: \_\_\_\_\_

Copy of Review sent to Patron: \_\_\_\_\_ (Date & Initials)