

Request for Reconsideration of Library Materials

Date:

Author/Producer:

Publisher:

Title:

Date/Edition:

Type of Material:

____ Book ____ Magazine/Newspaper ____ DVD/CD ____ Electronic Database ____ Audio/CD
____ Other:

Have you read the Milford Public Library's Material Selection Policy? YES / NO

Did you read, view, or listen to the entire work or a portion of the work? ____ All ____ Part

Please describe your concerns regarding this material (Please use additional sheets if needed):

What specific pages/sections illustrate your concerns (Please use additional sheets if needed):

How did this material come to your attention (optional) (Please use additional sheets if needed):

Contact Information:

Name:

Address:

City/State/Zip Code:

Organization Represented:

Telephone / email: