Newfoundland Area Public Library (NAPL)

Request for Reconsideration of Materials Form

Contact Information

Date __________________
Name __________________________________ Address _______________________________________
City __________________________ County ___________________ Zip _______________________
Phone Number ______________________ Email _______________________________________

Is the NAPL your local library?  __________________
Do you represent a group or organization? Yes No If so, which? _______________________
Have you read the NAPL Collection Development Policy? Yes No

Material for Reconsideration

Title ____________________________________________________________
Author _________________________________________________________
Publisher _______________________________________________________
Format:  Book  Audiobook  DVD  Magazine

What brought the work to your attention?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Have you read or listened to the work in its entirety?  Yes  No
If not, what parts have you read or listened to?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Quote one or more passages from the item that illustrates your concern. Please be specific, include page numbers, chapters, percentage read or specific passages.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Did you consult any professional reviews of the material? Yes  No

If yes, please cite the review:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Would you regard the item as inappropriate for any age group? If so, which?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are there resource(s) you would recommend to provide additional information and/or other viewpoints on this topic?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How could your concerns about this material be resolved?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other comments that would be helpful to the committee reviewing this request?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Patron Signature ______________________________________________ Date __________

Received by Staff Member ______________________________________________ Date __________

Only signed forms will be considered. The NAPL Director will acknowledge receipt within two weeks.

Mail or drop off forms to:

Newfoundland Area Public Library
954 Main St.
Newfoundland, PA 18445

Scanned forms can be emailed to krusso@waynelibraries.org