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 or	ganization? Yes No If so, which?	
Have you read the NAPL Collect	ion Development Policy? Yes No	
Material for Reconsideration		
Title		
Author		
Publisher		
Format: Book Audioboo	k DVD Magazine	
What brought the work to your	attention?	
Have you read or listened to the	e work in its entirety? Yes No	
If not, what parts have you read	l or listened to?	
Quote one or more passages fro	om the item that illustrates your concern. Plea	se 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	r 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?	
Detwor Signature	Data
Patron Signature Received by Staff Member	Date
Only signed forms will be considered. The NAPL Director will acknowledge receipt within two weeks.	Date
Mail or drop off forms to:	
Newfoundland Area Public Library	
954 Main St. Newfoundland, PA 18445	
Scanned forms can be emailed to <u>krusso@waynelibrar</u> ies.org	