

# Request for Review of Library Materials

Eligibility rules for administrative consideration:

1. The individual must be an adult registered library resident card holder.
2. Groups or organizations may not submit a Request.
3. Each form can only be used for a single title at a time.
4. A maximum of ONE Request per month per person will be considered.
5. Materials reviewed and retained are not be eligible for reconsideration again for a period of 3 years. See library staff or website for a history of challenges.
6. A fee may apply for consideration of more than 3 forms in the previous 12 months.
7. All questions require responses. Incomplete forms will be disqualified.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Library card # \_\_\_\_\_

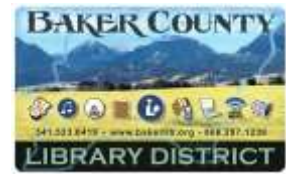
Title \_\_\_\_\_

Author \_\_\_\_\_

Formats:      Digital                                      Physical  
 Book/Audiobook     Magazine/Newspaper     Video     Music     Other \_\_\_\_\_

Please attach additional pages as needed to address the following questions:

1. To what in the material do you object? Please be as specific as possible.



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2. Did you read/view/listen to the entire material?  Yes  No

**IF NO**, what percentage did you read/view?

- Only the passages/sections in question       Less than 25%       about 50%  
 About 75%       More than 75%

3. For which library users do you feel this material is objectionable?

- All library users       A particular age group

What age group?

4. What do you believe is the overall message intended by the creator(s) of this material?

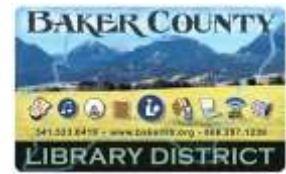
5. What do you feel might be the result of reading or viewing this material?

6. Do you believe this material violates library collection development policy or federal, state, or local statute?

- Yes       No       Unsure

**IF YES**, please cite the specific policy element or statute.

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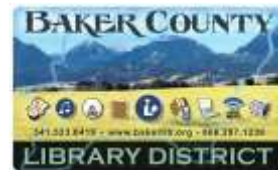
7. How has reading or viewing this material caused you, or one of your children, personal or financial harm?

8. What prompted you to look at and/or borrow the material from the library?

9. Do you attest that you read/viewed/or listened to this material voluntarily and not due to coercion from library staff?  Yes  No

**IF NO**, please describe.

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10. What reviews, critiques, or other resources evaluating this material would you recommend the library consider in its reassessment?

11. What action(s) do you recommend the library consider taking about this material?

12. What alternate material representing this viewpoint would you recommend the library include in its collection?

**BY SIGNING, I ATTEST** that I am the petitioner and the responses provided above are true as I verily believe. I understand that

- Anonymous or unsigned requests will not be considered.
- Upon submission, this form is a public record and my name may be disclosed.
- The library will keep contact information confidential from the general public to the greatest extent allowed by law.
- The library may report this request for review to organizations that gather information about such challenges. My personally identifiable information will not be included.

Signature (*required*) \_\_\_\_\_ Date \_\_\_\_\_