Cranbury Public Library

Request for Reconsideration of Library Materials

To Be Completed by Library: Date Received: __________________________

By: ______________________________

Initials: ______________________________

CC to Appeals Committee________

To Be Completed by Appellant:

1. Name & Address and Telephone Number:

2. Whom do you represent? ___Self ___Organization/Other (specify name below):

3. Do you have legal representation? If yes, provide name and telephone number:

4. Author, Title and Publisher (if known):

5. Form of Material (i.e., book, video, recording, etc.)

6. Did you read, see or listen to the piece in its entirety? If not, then which parts?

7. What about the piece do you find objectionable?

8. What do you feel might be the result of reading, viewing or hearing this work?
9. Is there anything that you find good in this work?

10. What work, in your opinion, would provide a similar perspective as the subject of this material?

11. What would you like the Library to do about this material?

Signature: __________________________________________________
Signature of Parent, if appellant is a minor:

Director's Response Attached, Date: ____________
If you wish to appeal this decision, please explain (attach additional sheets if necessary):

Referred to Appeals Committee, Date: ___________________
Referred to full Board, Date: ___________________