Swansea Free Public Library
Request for Reconsideration of Library Materials Form

Date: ________________

Name: ____________________________________________________________________

Address: ___________________________ _________________________________________

Phone: __________________________ Email: ________________________________

Do you represent a group? Yes No

If yes, please identify: _______________________________________________________

Have you read the Swansea Free Public Library’s Collection Development Policy? Yes No

Type of Material: ____________________________

Title: ____________________________________________________________________

Author/Editor: __________________________________________________________________

Publisher: __________________________________________________________________

Have you examined the entire resource? Yes No

If not, what portions have you examined? _______________________________________

What concerns you about the resource? Why? (Please be specific) _______________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Have you checked reviews of the work? Yes No

If yes, please cite which reviews? ______________________________________________

How could your concerns about the resource be resolved? __________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Patron Signature: ___________________________ Date: __________________________

Library Director Signature: ___________________________ Date Received: ____________

Only signed forms will be considered. The Library Director will acknowledge receipt of the form within
two weeks.

A copy of the request form without identifying patron information will be mailed to the American
Library Association Intellectual Freedom Committee.