

**Request for Reconsideration of Library Materials
Manchester, CT Public Library**

Title _____

Author _____

Type of Material (book, video, magazine, etc.) _____

Your Name _____

Street Address _____

Town _____

Zip _____ Phone _____

1. How was this material brought to your attention?

2. To what in the work do you object? Please be specific, citing pages if possible.

3. Did you read the entire work?

4. What do you feel might be the result of reading this work?

5. What do you believe to be the theme of this work?

6. Are you aware of judgments of this work by literary critics?

7. What do you think the library should do with this work?

_____ Return it to staff selection committee for reevaluation

_____ Other. Please explain.

8. What work would you recommend that would convey as valuable a picture and perspective on the subject treated?

Signature _____ Date _____

**Please mail or return to: Library Director, Manchester Public Library, 586 Main Street,
Manchester, CT 06040**