

**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.