

Roxbury Public Library
Request for Reconsideration of Library Materials

Date: _____

Material for Consideration

Author/Producer: _____

Title: _____

Date/Edition: _____ Publisher: _____

Type of material:

- Book Magazine/Newspaper DVD/Video CD/Audio
 Other: _____

Did you read, view, or listen to the entire work or a portion of the work? All Part

Please describe your concerns regarding this material: _____

Please specify pages or sections of the work that illustrate your concerns: _____

How did this material come to your attention? _____

Contact Information

Your Name: _____

Address: _____

Organization Represented: _____

Telephone: _____ Email: _____