

San Rafael Public Library

Request for Removal or Reconsideration of Library Material

Author/ Artist/Director: _____

Title: _____

Publisher: _____ Date of Publication: _____

Name of Person Making Request: _____

Email Address: _____

Telephone Number: _____

Do you represent:

 Yourself

 A group (name)

What would you like the library to do about this work?

 Remove it from the library

 Move it from one collection area to another

 Other: _____

Why do you feel the library should reconsider this material? To what in the work do you object?

Do you feel this work is inappropriate for a particular age group? Please be specific.

Have you read/listened to/viewed the entire work?

 Yes

 No

Are you aware of any reviews of this work you believe we should look at?

Signature: _____ Date: _____

This request will be reviewed and researched by the selecting librarian, a supervising librarian, and the library director. You will receive a response via email or telephone once the review process has concluded.