Request for Removal/Reconsideration of Library Material

Today's Date:

Name of *Individual with a Vested Interest:

Street Address
City, State, ZIPCODE, County

Preferred Phone Number: Preferred Email address:

**An individual with a vested interest is a resident of the library's municipality or county. Forms submitted without address or contact information for the individual with the vested interest will not be considered. Requests submitted by individuals without a vested interest will not be considered.*

What is the author, title, and format of the material you would like reconsidered:

Author:

Title:

Format:

Publication Date:

Have you read, viewed, or listened to the entire work? Yes OR No

If you have not completely read, listened to, or viewed the material, please do so before completing this form.

What is this material about?

What do you find objectionable about the material?

Time Stamp(s) or Page number(s):

What action are you requesting that the library take?

- Remove the material from the collection
- Move the material to a different section of the library

Are there resources you would suggest the library acquire to provide additional information and/or other viewpoints on this topic?

Once completed, please submit this form to:

Trenton Free Public Library
Attn: Library Director
120 Academy Street Trenton, NJ 08608