Request for Reconsideration of Materials

Mathews Memorial Library has a Collection Development Policy. If a patron continues to object to any item in the collection and wants to have the item formally reconsidered this form must be completed and given to the Director.

Mathews Memorial Library PO Box 980 Mathews, VA 23109					
Name _	Date				
Addres	s				
City		State			Zip
Phone_		Email			
Do you	represent self? O	an organization?N	ame of Organization		
	Movie	u are commenting:MagazineAudio Recording	Other		
		ource to your attention?			
3.	Have you examined th	e entire resource? If not,	what sections did you	review?	
4.	What concerns you ab	out the resource?			
5.	Are there resource(s) y	ou suggest to provide ad	Iditional information a	nd /or reviews on the	topic?
6.	What action are you Ro	equesting?			
———Patron	Signature:			Date:	
Library Director's Signature:				_ Date Received:	
Only sig	gned forms will be cons	dered. The Library Direc	tor will acknowledge r	eceipt of the form.	

A copy of the request form without identifying patron information will be mailed to the American Library Association Intellectual Freedom Committee.