



Harwinton Public Library
Request for Reconsideration

Please include your full legal name, address, and telephone number on this form or it will not be accepted. Only requests from Harwinton residents will be considered.

Name _____

Address _____

Phone _____ Date _____

Do you represent yourself? _____

Do you represent an organization or group? Please identify:

What type of resource are you submitting for reconsideration?

____Book ____Display ____Movie ____Magazine ____Library Program

____Music ____Newspaper ____Artwork ____Other (please specify)_____

Title: _____

Author/Artist/Producer/Presenter _____

Please respond to all questions:

1. How was this material brought to your attention?

2. Did you read/watch/listen to the entire work?

3. To which portion or portions of such material do you object? Please be specific, citing pages or timestamps. Please provide an explanation of the reasons for such objection.

4. What would be the negative impact of reading/viewing/listening to this work?

5. Are you aware of reviews of this work by critics and professional reviewers? Please provide any citations in support of your objection.

6. What do you request the library to do about this work? Remove it? Reclassify it? Relocate it? Replace it with something else?

7. For what age group would you recommend this work?

8. Is there work you would recommend to replace or supplement this one? Please include professional reviews of suggested replacements or additions?

Please sign and date this form and submit it to the Library Director. You may turn it in at the Circulation Desk or submit electronically to director@harwintonlibrary.org. You will be notified in writing within 60 days of the results of the reconsideration process. Please note that Requests for Reconsideration are not considered confidential patron records under section 11-25 of the Connecticut General Statutes.

All requests will be treated with thoughtful consideration and reviewed in a timely manner.