

Camden-Jackson Township Public Library Request for Reconsideration of Materials

Title:

___ book ___ periodical ___ film/videotape ___ other

Author/Creator:

Copyright Date:

Publisher/Producer:

Request Initiated By:

Address:

Telephone Number:

Representing Self: _____ Group:

Have you read or viewed this work in its entirety?

Please cite specific pages, passages, scenes, etc., to which you object.

What, to you, is the main idea of this material?

What do you feel might be the result of continued use of this material?

What, if anything, have you read or heard about this material?

Signature:

Date: