**Request for Reconsideration of Library Materials**

**Adopted by the Executive Board on:** September 26, 2025

Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from an individual residing in the town.

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the item for which you have concerns:**

1. Resource on which you are commenting:

\_\_\_Book \_\_\_Display \_\_\_Movie \_\_\_Magazine \_\_\_Library Program

\_\_\_Music \_\_\_Newspaper \_\_\_Artwork \_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

Material’s Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author/Artist/Producer/Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please specify which portion, or portions, of the material of which you object and explain the reason for your objection (use additional pages, if needed):
2. What brought this resource to your attention?
3. Have you read or viewed the material in its entirety? Y N
4. What concerns you about the material (use additional pages, if needed)?
5. What do you believe is the purpose of this material?
6. For what age group should this material be recommended?
7. Overall, do you think there is any value in this material?
8. Are there resources you can suggest providing additional information and/or other viewpoints on this topic?
9. Are you aware of any critical reviews dealing with this material? List here or provide an attachment.
10. Why should your concerns about this material prevent other members of the Town of Brooklyn, many of whom may not share your opinions, from accessing this material?
11. What would you like the Library to do about this material?

Please sign and date below and return this form to the Library Director at Brooklyn Town Library, 10 Canterbury Road/P.O. Box 357, Brooklyn, CT 06234. You will be notified within 60 days of receipt of the results of the reconsideration process.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_