Brooklyn Public Library

Request for Reconsideration of Library Material

Agency No. _____

Please return to: Chair, Materials Review Committee
c/o Director of Collection Development
Brooklyn Public Library
Grand Army Plaza
Brooklyn, N.Y. 11238

Name_____ Date_____

Address_____

City_____ State_____ Zip_____ Phone No._____

Are you representing an organization or a group? If so, please identify:_____

_____

1. Material on which you are commenting:

   _____ Book
   _____ Magazine
   _____ Newspaper
   _____ Audiovisual material
   _____ Other_____
   _____

   Title_____

   Author/Producer_____

   Publisher (if known)_____

2. What brought this title to your attention?

3. To what in this material do you object? (Please be specific; cite pages.)

Signature _____

286 8/00 1000