REQUEST FOR RECONSIDERATION

Please note that this form must be completed in its entirety and may only be completed and submitted by a resident or taxpayer of King Township.

Name:	Phone No.:
Email:	Library Card Number:

Do you represent an organization or group: ☐ YES ☐ NO

If YES, please identify:

Have you read the King Township Public Library's **Collection Policy (OP-03)**? ☐ YES ☐ NO

Have you read the King Township Public Library's **Displays Policy (OP-15)**? ☐ YES ☐ NO

Resource under review:

☐ BOOK ☐ MOVIE ☐ MAGAZINE ☐ ELECTRONIC RESOURCES

☐ NEWSPAPER ☐ LIBRARY PROGRAM ☐ DISPLAY ☐ ARTWORK/EXHIBITION

OTHER (PLEASE SPECIFY): _____

TITLE: _____

AUTHOR / ARTIST / PRODUCER / PROVIDER: _____

Please respond to the following questions as thoroughly as possible:

1. How did you become aware of this material?

2. Did you read/view/listen to the entire work? If not, what parts did you read?

3. What do you consider to be the theme or purpose of this work?
4. Please identify any content that you find concerning, and provide an explanation, with relevant quotations or examples, where applicable, including page numbers or timestamps.
5. What do you anticipate the impact of this work will be on other library users?
6. Please explain why you believe your opinion of this work should restrict access to the material for other members of the King community who may not share your concerns.
7. How could your concerns about this work be resolved?

Signature:	Date:

Please submit your request to CEO@kinglibrary.ca or deliver it in person to any branch in a sealed envelope. The CEO, or their designate, will review the request and the material, and a formal response will be provided to the resident.