

**Scotch Plains Public Library
Request for Reconsideration of Materials**

Title _____

Author _____

Type of material (book, magazine, video, etc.) _____

Request initiated by _____

Address _____ Telephone _____

I represent myself _____ Organization _____

What brought this title to your attention?

Have you read/listened to/viewed the entire work? YES NO

Please comment on the work as a whole.

Please describe the specifics of the work that concerns you.

Are you familiar with reviews of this title by literary or other critics? YES NO

What would you like the Library to do about this title?

Signature _____ Date _____

Return to:

Library Director
Scotch Plains Public Library
1927 Bartle Ave
Scotch Plains, NJ 07076

Approved June 8, 2009, SPPL Board of Trustees