

## **Culver-Union Township Public Library Reconsideration of Material Form**

The trustees of Culver-Union Township Public Library have established a materials selection policy and a procedure for gathering input about particular items as outlined in our policy. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director.

Culver-Union Township Public Library. 107 N Main Street Culver, Indiana 46511

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Do you represent self? \_\_\_\_\_ Or an organization? \_\_\_\_\_ Name of Organization: \_\_\_\_\_

### **1. Resource that concerns you:**

\_\_\_\_ Book \_\_\_\_ Magazine \_\_\_\_ Newspaper \_\_\_\_ Movie \_\_\_\_ Audiobook \_\_\_\_ Other

Title: \_\_\_\_\_

Author/Producer: \_\_\_\_\_

**2. What brought this resource to your attention?** \_\_\_\_\_

\_\_\_\_\_

**3. For what age group would you suggest this?** \_\_\_\_\_

\_\_\_\_\_

**4. Is there anything good about this work?** \_\_\_\_\_

\_\_\_\_\_

**5. What do you believe is the theme of this work?** \_\_\_\_\_

\_\_\_\_\_

**6. What concerns you about the resource?** \_\_\_\_\_

\_\_\_\_\_

**7. Are there resources(s) you suggest to provide additional information and/or other viewpoints on this topic?**

\_\_\_\_\_

\_\_\_\_\_

**8. What action are you requesting the committee consider?** \_\_\_\_\_

\_\_\_\_\_

**9. Did you read, view, or listen to this work in its entirety? If not, what parts?** \_\_\_\_\_

\_\_\_\_\_

**10. Do you have a current CUTPL library card?** \_\_\_\_\_