

Request For Reconsideration Of Library Resource

Please complete the form below and return it to the attention of the Library Director at Olive Free Library, 4033 Rt 28-A (or if mailing P. O Box 59)., West Shokan, NY 12494

Date: _____ Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Do you represent yourself or an organization? _____

Name of Organization (if applicable):

1. Please circle the type of resource on which you are commenting :

Book (e-book)	Digital Resource	Movie	Game
Periodical	Program	Audio Recording	Other

Title: _____

Author/Producer: _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? If not, what sections did you review?

4. What do you feel might be the result of engaging with this resource?

5. What evidence do you have that such a result might occur? _____

6. What action are you requesting the committee to consider?

Resolution: Adopted on April 2, 2024, by unanimous vote of the Board of Trustees of the Olive Free Library.