CHERRY HILL PUBLIC LIBRARY

Request for Library Materials Reconsideration This form is for to CHPL cardholders only.

TITLE:		
AUTHOR/DIRECTOR/CREATOR:		
FORMAT (e.g. book, movie, magazine):		
I would like this item to be:		
moved from its current location to	another par	t of the library.
removed from the library's collection	on.	
Have you read or viewed the material in its entirety?	Yes	No
What are your concerns or objections to this material (Please be as specific as possible. Use examples and cita additional pages as needed.)		ssary. Attach

	y Hill Public Library Collection Development Policy? g the selection of library materials.)
YesN	(If not, we can provide you with a copy.)
	econsideration are accepted. By remaining anonymous, we bu directly with a resolution to the request.
•	ration decisions will be kept at the Reading Room Reference allable upon request. Names of cardholders will be redacted.
Name:	
Organization (if applicable):
Address:	
City/ State/ Zip Code:	
Email:	Phone:
Signature of Requester	Date
	Received by Staff Member
	Date

The library is a public institution and it is subject to the requests through the New Jersey Open Public Records Act.

Cherry Hill Public Library 1100 Kings Highway North | Cherry Hill NJ 08034 | 856-667-0300

