CHERRY HILL PUBLIC LIBRARY

Request for Library Materials Reconsideration
This form is for 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 part of the library.

_____ removed from the library’s collection.

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 citations if necessary. Attach additional pages as needed.)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Have you read The Cherry Hill Public Library Collection Development Policy?
(This is the policy regarding the selection of library materials.)

_____Yes  _____No  (If not, we can provide you with a copy.)

Anonymous requests for reconsideration are accepted. By remaining anonymous, we will be unable to contact you directly with a resolution to the request.

Copies of material consideration decisions will be kept at the Reading Room Reference Desk and will be made available 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