CHERRY HILL PUBLIC LIBRARY

Request for Library Materials Reconsideration

This form is for CHPL residents 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.)

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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

CHERRY HILL PUBLIC LIBRARY
THE HEART OF TOWN