

## WATERFORD PUBLIC LIBRARY REQUEST FOR RECONSIDERATION FORM

The Waterford Public Library Board of Trustees has delegated the responsibility for selection and evaluation of library materials and resources to the library director and staff. Waterford residents may request Library review of any item in the library's collection, on display or any library program by completing this form and returning it to:

Library Director, Waterford Public Library, 49 Rope Ferry Rd, Waterford, CT 06385

Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from a Waterford resident

Please note the patron requesting reconsideration of library material will be given a packet of documents that includes the library's Collection Development and Maintenance Policy, the First Amendment of the United States Constitution, the Library Bill of Rights, the Freedom to Read, and the Freedom to View statements from the American Library Association. These documents are available at the Library's Information Desk and must be picked up in person.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have a Waterford Public Library card? ☐ Yes ☐ No

Do you represent yourself or an organization? \_\_\_\_\_

If an organization, please provide its name, address and website

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Resource on which you are commenting:

\_\_\_\_ Book \_\_\_\_ Display \_\_\_\_ Movie \_\_\_\_ Magazine \_\_\_\_ Library Program

\_\_\_\_ Music \_\_\_\_ Newspaper \_\_\_\_ Artwork \_\_\_\_ Other (please specify) \_\_\_\_\_

Title \_\_\_\_\_

Author/Artist/Producer/Provider \_\_\_\_\_

Format or Online Resource, if applicable \_\_\_\_\_

For programs, please provide the program date \_\_\_\_\_

For displays, please provide the topic or theme \_\_\_\_\_

2. Specify which portion or portions of the material, display or program you find objectionable and explain the reason for your objection. If the item is a book or audiobook, please specify chapters and/or page numbers. (Use additional pages, if necessary.)

3. What brought this resource, display or program to your attention?

4. Have you read or viewed the material in its entirety? ☐ Yes ☐ No ☐ Not applicable

5. What concerns you about this resource, display or program? If the item is a book or audiobook, please specify chapters and/or page numbers (Use additional pages, if necessary.)

6. What do you believe is the purpose of this resource, display or program?

7. In your opinion, for what age group should this resource, display or program be recommended?

8. Overall, do you think this resource, display or program has any value?

9. Are you aware of any critical reviews of this resource, display or program? Please list here, or provide as an attachment.

10. Why do you feel your negative feelings about this resource, display or program should prevent access by other members of the Waterford community who may not share your concerns?

11. What steps would you like the library to take to address your concerns?

Please sign and date below and return this form to the Library Director. You will be notified within 60 days of receipt of the results of the reconsideration process. Reconsideration requests are not confidential patron records under section 11-25 of the Connecticut General Statutes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

=====

**For Library Use Only:**

Date received: \_\_\_\_\_ Received By Staff initials: \_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
(Name) (Title) (Date)

***Board of Trustees – November 18, 2025***