



Reconsideration of Materials Request Form
Solon Public Library
Statement of Concern Regarding Library Resources

The Solon Public Library adheres to the principles of intellectual freedom outlined in the Library Bill of Rights, the Freedom to Read Statement, and the Freedom to View Statement put forth by the American Library Association.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Individual represents: _____ Self or Dependent (circle one)

Name of Organization (if applicable): _____

1. Title of material on which you are commenting:

2. Did you read, view, listen to and/or use the entire material? Yes () No ()
(See Collection Development Policy)

3. Page number(s)/chapter(s)/track(s) of objectionable material or specific examples:

4. Reasons you find this material objectionable:

5. What do you believe is the theme of the material?

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6. What do you request Library Board of Trustees do with this material?

7. What review(s) have you seen of this material?

8. Is there anything you like about this material?

9. What material would you suggest to provide an alternative viewpoint on this topic?

10. Additional Comments