



Received by _____ Date _____
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Date \_\_\_\_\_

Name of person making the request \_\_\_\_\_

Address \_\_\_\_\_

I am a Simsbury Resident      Yes      No

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Do you represent    Yourself    Group      Name of Group \_\_\_\_\_

Title \_\_\_\_\_

Author \_\_\_\_\_ Publisher/Producer \_\_\_\_\_

Year of Publication \_\_\_\_\_

What do you believe is the theme or purpose of the material? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your objection to this material based upon personal exposure to it or reports you have heard:

\_\_\_\_\_

Have you read/heard/seen the material in its entirety?    Yes    No

To what do you specifically object? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are there resources you suggest to provide additional information and/or other viewpoints on this topic?

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Please return the completed for to:

Library Director Lisa Miceli  
Administrative Office  
Simsbury Public Library  
725 Hopmeadow Street  
Simsbury, CT 06070  
lmiceli@simsburylibrary.info