

Simsbury Public Library
Request for Reconsideration – Library Materials



Legal Patron Name _____

Address _____

Phone _____ Email _____

Do you represent yourself? Yes No

Do you represent an organization? (Please specify) _____

Type of Resource:

Book Audiobook Video Game

Movie Newspaper Magazine

Digital Resource Other _____

Title _____

Author/Editor _____

Publisher _____

Date of Publication _____

Have you examined the entire material? Yes No

Have you read/listened to or viewed the entire material? Yes No

If not, what parts have you examined?

What brought this material to your attention?

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To what do you object? Please be as specific as possible, including citations and quotes.

Who would be negatively impacted by this material and how (citations and evidence required)

For what age group would you recommend this resource? _____

Explain the purpose of this material

What positive qualities does this material present?

How has this material been assessed in professional review sources (include citations)

What would you replace the material with (include titles and professional reviews of replacements)

Why do you believe you should be able to restrict the reading choices of the Simsbury community?

Patron Signature _____ Date _____

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Please complete, sign and date this form. To be considered each form must be filled out in its entirety and signed.

Reconsideration requests are not confidential patron records under [section 11-25 of the general statutes](#).

Return to:
Simsbury Public Library
Attention Library Director
725 Hopmeadow St
Simsbury, CT 06070

Date Received _____	Received by _____	Date Received by Library Director _____
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~Approved by the Library Board of Trustees October 20, 2025