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?

_____

_____

_____

Simsbury Public Library

What brought this material to your attention?

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?

Simsbury Public Library

Patron Signature_____ Date _____

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_____

~Approved by the Library Board of Trustees October 20, 2025