

Request for Removal of Library Material

Plainsboro Public Library

Freedom of access is a fundamental tenet of a public library. Before submitting this form, please read the American Library Association's Library Bill of Rights, Freedom to Read Statement and Freedom to View Statement.

Today's Date: _____

Name of Individual with a Vested Interest*:

Street Address:

City: _____ **State:** _____ **ZIP Code:** _____

County: _____

Preferred Phone Number: _____

Preferred Email Address: _____

**An individual with a vested interest is a resident of the library's municipality. Requests submitted by individuals without a vested interest will not be considered.*

Material Information

Author:

Title:

Format:

(e.g., book, DVD, audiobook, digital resource, etc.)

Publisher:

Publication Date:

Request Details

Have you read, viewed, or listened to the entire work?

☐ Yes

☐ No

If you have not completely read, listened to, or viewed the material, please do so before completing this form.

What is this material about?

What do you find objectionable about the material?

Time Stamp(s) or Page number(s):

Are you aware of the judgement of this work by literary or scholarly authorities?

What action are you requesting that the library take?

- ☐ Remove the material from the collection
- ☐ Move the material to a different section of the library
- ☐ Other:

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

Please give any additional comments about the work here:

Signature: _____ **Date:** _____

Submission Instructions

Once completed, please submit this form to the Library Director:

Library Director

Plainsboro Public Library
9 Van Doren Street
Plainsboro, NJ, 08536
dmiguez@plainsborolibrary.org

Office Use Only:

Date Received: _____
Received By: _____
Review Committee Assigned: _____
Date Forwarded to Review Committee: _____