Montclair Public Library
Statement of Concern Regarding Library Resources

The Board of Trustees of the Montclair Public Library has authorized the use of this form as part of its Reconsideration of Library Materials policy. Completed forms should be returned to:

Library Director
Montclair Public Library
50 S. Fullerton Avenue
Montclair NJ 07042

Submitters will be notified in writing regarding the decision of the library board, typically within three months.

Date: ____________________________________________
Name: ____________________________________________
Address: ____________________________________________
____________________________________________________
Phone: _______________________________________________________________________
Resident represents: ___ Self ___ Organization:__________________________.

Title of Item, Program, or Service: ________________________________

Author: _________________________________________________________

If a program or service, what date did it occur?________________________

Format (e.g., book, CD, DVD): ________________________________

Did you read, view or listen to the entire work, or attend the program? ______

What concerns you about this (attach additional pages if necessary)? __________

_______________________________________________________

_______________________________________________________

_______________________________________________________

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Approved: March 1, 2019
Library Director