



Request for Material Removal

To be considered each form must be signed and filled out in its entirety.

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Do you represent (please check one)

- An organization (name): _____
- Yourself
- Other (name): _____
- Group (name): _____

Type of Resource

- Book
- Movie
- Audiobook
- Magazine
- Music
- Newspaper
- Other _____

Title: _____

Author/Editor (if applicable): _____

Publisher (if applicable): _____

Date of Publication: _____

What brought this title to your attention?

Have YOU reviewed this material or event in its entirety: YES NO

If no, what parts have you reviewed?

(Flip and complete second side)

Malvern Public Library
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To what do you object? Please be as specific as possible.

What effect do you feel the resource or event may have?

Patron Signature (required for consideration): _____