

Request for Reconsideration Form

The Library values your opinion. If you have an objection to library material(s), please complete this form, indicating as clearly and legibly as possible the nature of your concern. Please use the reverse side of this form if you need additional space for your answers. Once completed, this form becomes a matter of public record.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ (home) _____ (work)

1. LIBRARY MATERIAL(S) CONCERNED:

_____ Book _____ Visual Format _____ Magazine/Newspaper
_____ Audio Format _____ Library Program/Display _____ Other

2. TITLE

AUTHOR OR PRODUCER _____

3. WHAT BROUGHT THIS ITEM TO YOUR ATTENTION?

4. HAVE YOU READ/LISTENED/VIEWED THE MATERIAL IN ITS ENTIRETY?

_____ Yes _____ No

5. PLEASE COMMENT ON THE ITEM AS A WHOLE AS WELL AS BEING SPECIFIC ABOUT THOSE MATTERS THAT CONCERN YOU.

6. WHAT ACTION WOULD YOU RECOMMEND THE LIBRARY TAKE REGARDING THIS ITEM?

7. DO YOU HAVE SUGGESTIONS FOR OTHER MATERIALS THAT THE LIBRARY SHOULD CONSIDER ON THIS SUBJECT?

SIGNATURE _____ DATE _____