

Request for Reconsideration of Library Materials

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

I represent (check one):

- Myself An Organization (include name):

Type if Material (check one):

- Book DVD Magazine
 Newspaper Database/Electronic Other

Author/Producer: _____

Title: _____

Did you read, listen, or view the entire work? Yes No

Please describe your concerns regarding this material:

What specific pages/sections illustrate your concerns?

What would you like the library to do about this item?

