



REQUEST FOR RECONSIDERATION OF MATERIALS

Please print form and answer all questions as completely as possible. Use the back if additional space is required. Thank you for taking the time to express your concerns. Please return this form to the Branch Manager.

Author: _____ Type of Material: _____

Title: _____

Specific objection(s) to Material including specific page(s) or instances:

Are you considering the material as a whole? _____

What was good about the material? _____

Have you read any reviews on this material? _____

How did this material come to your attention? _____

What would you like to have The Library to do about this material? _____

Requester Represents: Individual _____ Organization _____ Other _____

Request initiated by (please print):

Telephone number: _____ Bar Code Number: _____

Address: _____

Date: _____ Signature of initiator: _____

Your request for reconsideration will be reviewed by a committee of Library Staff. You will be notified of the decision in writing.

Date reviewed: _____

Signature of Reviewers:
