



Request for Reconsideration of Library Materials

Date: _____

If you have found materials or library resources about which you have concerns, please complete this form to assure prompt, complete consideration by Library staff.

MATERIAL FOR CONSIDERATION

Author/Producer: _____ Publisher: _____

Title: _____

Dewey number (if any): _____ Date/Edition: _____

Type of Material:

Book Magazine/Newspaper Video/DVD/CD Electronic Database Audio/CD

Other: _____

Please describe your concerns regarding this material:

Did you read, view or listen to the entire work or a portion of the work? All Part

What specific pages/sections illustrate your concerns:

How did this material come to your attention (optional):

CONTACT INFORMATION

Your Name: _____

Address: _____

City: _____ Zip: _____

Organization Represented: _____

Telephone: _____