

Request for Reconsideration of Library Materials

Your name (print):		
Residential address:		
City:	State:	Zip:
Phone:	Email:	
Do you represent ☐ yourself or	an organization?	
Resource on which you are com	nmenting:	
☐ Book ☐ Video ☐ Library Di	splay 🗌 Magazine 🗌 Audio 🗌	Electronic Information Other:
Title, author, and other identifyi	ng elements of material:	
		e numbers or audio disc number nusic: specific lyrics) (film/TV series:
2. Have you read/listened to/vi	iewed the entire item? \square Yes (or 🗌 No
If you have not read/listened to to/viewed?	/viewed the entire item, what	part have you read/listened



3. What do you think may be the result or consequence of r item?	reading, listening to or viewing this
4. Would this material be better suited for a different age lev	vel?
5. In place of the item to which you object, what materials w would convey a more valid picture of or perspective on the	
6. Have you read the library's Collection Management Policy	? ☐ Yes or ☐ No
7. Does the material support any of the Library's collection g	goals in any of these ways?
☐ The acquisition and development of print and non-print li☐ The pursuit of education, information, gainful employmen☐ The free and joyful exercise of leisure.	
Self-government and participation in local and global affa	
☐ Affirming the common bonds of humanity and nourishing☐ The advancement of humankind.	the spirit within.
8. What action are you requesting the library to consider?	
Signature:	Date:

Please submit this completed form to the attention of the Library Director.