Received by \_

Date



## Request for Reconsideration of Library Materials

Date
Name Phone
AddressEmail
Do you represent: Yourself Organization
Organization Address & Phone Number
Title
Author Publisher/Producer
Book Film Other
Did you read/hear/see the entire work? Yes No
If no, which parts did you read/hear/see?
What do you believe is the theme or purpose of this material?
To what specifically do you object? (Cite pages, parts of program)
Why do you object?
What do you feel might be the result of reading/hearing/seeing this material?
Do you feel this item would be of use to some segment of the community? If yes, which segment?
In your opinion is there anything of value about this material?
Are you aware of review of this material by professional reviewers/critics? Yes No
Are you acquainted with the Library's material selection policies? Yes No
What action would you recommend be taken by the library regarding this material?
Discard Put in a different location Purchase material with a different point of view

Please use reverse side for any additional comments