

## Request for Reconsideration

Requester's Full Name \_\_\_\_\_

Requester's Library Card Number \_\_\_\_\_ Phone \_\_\_\_\_

Requester's Email Address \_\_\_\_\_

Requester's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Requesting Reconsideration of:

Book\_ Magazine\_ DVD\_ Audio\_ Electronic Media\_ Display\_ Program/Event\_

Title and Author (if applicable) of the item selected above you are requesting a review of:

\_\_\_\_\_  
\_\_\_\_\_

Describe your objection. (Please be specific, cite pages, scenes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read/reviewed/listened to the entire item, viewed the display, or attended the program/event? Yes            No

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Have you read reviews or done independent research regarding this item? Yes            No

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

What action would you suggest be taken regarding the item/display/program or event?

\_\_\_\_\_  
\_\_\_\_\_

If concern relates to age appropriateness, what age group would you recommend this item/display/program or event be intended for?

Children (0-11) \_    Tween/Teen (12-17) \_    Adult \_

Please recommend a satisfactory replacement you would consider of equal quality for the purpose intended.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_