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 purposed intended.

__________________________________________________________________________

__________________________________________________________________________

Signature: __________________________________________________________ Date: ___ /___ /___ ___