



Request for Reconsideration of Materials

Author of work _____

Title of work _____

Publisher (if known) _____

Format of work: book audiobook DVD magazine

Request initiated by _____

Address: _____

Town _____ State _____ Zip _____

Phone _____

E-mail address _____

Are you representing: yourself
 an organization

(If you represent an organization, please specify the name of the organization.)

Did you read, listen to or watch the entire work? Yes No

To what do you object?

What do you feel might be the result of having access to this material?

For what age group would you recommend this material? _____

Does this item have any value?

Have you researched the critical reviews of this item?

What would you like the library to do about this material?

What item would you recommend that would convey an appropriate perspective on the topic?

Date _____ Signature _____