



Citizen's Request for Reconsideration of Library Material

For a request to be considered, please complete all fields and sign at the bottom.

Contact Information Date: _____

Name: _____

Address: _____ City: _____

State/Zip: _____

Phone: _____ Email: _____

Do you represent yourself? Or an organization?

Name of Org.: _____

1. Resource on which you are commenting:

Book (e-book) Movie Magazine Audio Recording Game Display

Book list

Digital Resource Newspaper Library program Social Media Posting Other

Title

Author/Producer/Presenter:

2. What brought this resource to your attention?:

3. Have you examined the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. Please state specifically what you believe to be the primary harm which might occur from this item.

7. Do you think that groups or other members of the community should have the right to keep you from having access to materials you'd like to access which of which they disapprove?

____ Yes ____ No

8. What action are you requesting the library consider?

Signature/Date: _____