

Request for Reconsideration



Date of Request _____ Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Phone: _____ Email: _____

Library Card Barcode: _____ Home Library: _____

Whom do you represent?: yourself organization Name of organization: _____

Item information: Book Movie Magazine/Newspaper Audio Recording Digital Resource
 Game Display Program Other (specify): _____

Title: _____ Copyright Date/Program Date: _____

Author/Artist/Producer/Presenter: _____ Publisher: _____

What brought this material or program to your attention?

Did you personally read, view, or attend the entire item listed above? If not, please specify which parts you did.

What do you think is the theme of this material or program?

Why do you find the material or program objectionable? Be specific and include pages, tracks, or portions.

What do you feel may be the result of exposure to this material?

Despite your objections, does this item have literary, cultural, historical, or library value? YES NO

Please list any professional reviews you have read of this material or program.

Would you recommend that this material or program be available or unavailable for a particular age group?

Is there another work or program you would recommend in its place?

What action are you requesting the committee consider?

Signature

OFFICE USE ONLY

Received by:

Date:

Director's signature:

Date:

Action taken by the Board of Trustees:

Date letter sent to filer: