

# Request for Reconsideration



Please read the [Collection Development Policy](#) before completing this form.

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: