

REQUEST FOR RECONSIDERATION FORM

Name: _____ Date: _____

Address: _____ Phone: _____

City/Zip: _____ State: _____

RESOURCE ON WHICH YOU ARE COMMENTING:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Book
Magazine
Newspaper

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Audiovisual Resource
Content of Library Program
Other

Title: _____

Author/Producer: _____

WHAT BROUGHT THIS TITLE TO YOUR ATTENTION?

PLEASE COMMENT ON THE RESOURCE AS A WHOLE, BEING SPECIFIC ON THOSE MATTERS WHICH CONCERN YOU.

(Use back of sheet if more space is required)

REQUEST FOR RECONSIDERATION COMMITTEE'S RESPONSE

Date:

Librarian:

Date:

Library Trustees:

Reviewed: 2/8/17, 1/08/20