



Request Form for Reconsideration of Library Materials*

Date:	
Name:	
Address:	
Telephone:	Email:
Library Card Number:	
* You may return this form to any desk and request an envelope to ensure your privacy.	

This request is made on behalf of myself an organization _____

This request concerns

<input type="checkbox"/> Book	<input type="checkbox"/> DVD/Blu-Ray
<input type="checkbox"/> Audiobook	<input type="checkbox"/> Music CD
<input type="checkbox"/> Playaway	<input type="checkbox"/> Periodical or Newspaper
<input type="checkbox"/> Library Program	<input type="checkbox"/> E-Resource (Database or downloadable item)

This item is located in Adult Young Adult Children's

Title: _____

Author: _____

What brought this resource to your attention?

Have you examined the entire resource?

What are your concerns?

Can you recommend any additional resources or information to help the Library make a fair decision?