

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Author _____

Title _____

Publisher _____

Requestor's Name _____

Telephone _____ Library Card Number: _____

Address _____

City _____ State _____ Zip _____

If representing an organization, name of organization: _____

I have read/viewed/listened to the item in its entirety.

What do you believe is the theme of this item? _____

To what in the item do you object? Please be specific. Cite pages or scenes: _____

What harmful effect do you feel might be/was the result of reading/viewing/listening to this item?

Do you believe this item serves any of the following purposes?

Promotes understanding of other cultures and of lifestyles? ___ Yes ___ No

Promotes discussion of societal issues? ___ Yes ___ No

Provides information about a subject unavailable from another source? ___ Yes ___ No

In its place, what item of equal quality would you recommend that would convey as valuable a picture and perspectives?

Signature of Requestor _____ Date _____

Please note that we are subject to Freedom of Information Act. This form will be made available to the media if requested.