

# REQUEST FOR RECONSIDERATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ State: \_\_\_\_\_

## RESOURCE ON WHICH YOU ARE COMMENTING:

<input type="checkbox"/>	Book	<input type="checkbox"/>	Audiovisual Resource
<input type="checkbox"/>	Magazine	<input type="checkbox"/>	Content of Library Program
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	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, 12/7/22*