

INDIAN RIVER AREA LIBRARY

Request for Reconsideration of Library Materials Form

(This form must be fully completed and returned to the Director for the item to be reconsidered.)

Requested by: _____ Date: _____

Address: _____ Zip: _____

Telephone: _____ Library Card #: _____

Representing: Self _____ or Organization _____ Name of organization: _____

Have you read the Library's Collection Development Policy? Yes _____ No _____

Item to be reconsidered:

Author: _____

Title: _____

How was the item brought to your attention?

Do you know what the literary critics & reviewers think of this item? Yes _____ No _____

Have you read/viewed/listened to the entire item? Yes _____ No _____

What, in your opinion, is the theme of the item?

What is your objection to the item? (Please cite pages)

In what section is the item housed? Adult _____ Teen _____ Juvenile _____

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

What are your recommendations for the item?

Signature of requester _____

Name of staff member receiving completed form: _____ Date: _____

Thank you for your interest in the Library's collection. Although careful consideration is given all materials before purchase, we are always willing to re-evaluate them. You will be notified of the outcome of this reconsideration.