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.