

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

LF11 | REVISION 0 | REVISED 9/20/2021

Requester Information

NAME	
ADDRESS	
PHONE	
EMAIL	
LIBRARY CARD NUMBER	
DATE	

Material Information

TITLE	
AUTHOR	
TYPE OF MATERIAL (CIRCLE ONE)	Book DVD Audiobook Videogame Other (specify below)

1	To what in the material do you object? (Please be specific. For example, cite pages.)
2	Did you read, view, or listen to the entire work? (Yes or No)
3	What would you like the Library to do about this material?

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4	What title(s) would you suggest as an alternative to this one?

Comments

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Signature

SIGNATURE OF REQUESTER		DATE	
SIGNATURE OF RECEIVING STAFF MEMBER		DATE	
SIGNATURE OF LIBRARY DIRECTOR		DATE	