

Request for Reconsideration of Library Material Form

~ One item allowed per form ~

Requestor: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

Name of Group: _____

ITEM TO BE RECONSIDERED: _____

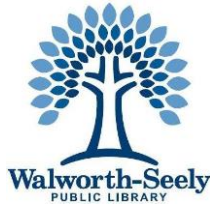
Details (please provide as much information as possible including: author, title, publisher, date of publication, format, etc.)

Did you view/read the entire item? ___ yes ___ no

If not, what sections did you view/read? _____

Reason for request of reconsideration:

Signature: _____ Date: _____



STAFF USE ONLY

Received on (date): _____ Staff Name: _____

ACTIONS:

____ Reviewed by Library Director (Date: _____)

____ brought before Library Board (if applicable - Date: _____)

____ Current status maintained (Date: _____)

____ Moved to another section of the library (Date: _____)

____ Request withdrawn (Date: _____)

Requestor notified of action(s) on (date): _____

Response: _____

Date request file closed: _____

Library Director's Signature: _____

Library Board Member Signature (if applicable): _____