

2. d. ii. Request for Reconsideration –

Please complete this form and return it to a staff member.

Date _____

Name _____ Phone# _____

Address _____

City/State/Zip _____

Library Card
Number _____

Do you represent: yourself an organization? (check one)

What type of material or service are you commenting on?

Book Magazine Library Program Movie Music CD Display/Exhibit
Newspaper Audio recording Slide Internet Resource/Site Other (brief description)

If commenting on an item, what is the title and author/performer/producer?

Title: _____

Author: _____

If commenting on a program/display/exhibit what is the title and the date?

Title: _____

Date: _____

What item/program/display/exhibit are you commenting on?

How did this title/event/display/program/exhibit come to your attention? (Recommended by staff member, review, friend's recommendation, found on shelf, visited library, library calendar announcement, publicity announcement, etc.)

Did you read or listen to the entire work, stay for the entire program, view the entire display? If not, which selection or part did you read or view?

What is it that you find objectionable? Please be specific; cite pages, excerpts, or scenes whenever possible.

Thank you for your comments. A member of our Administrative Staff will contact you regarding your concerns.

Please use the remainder of this page for further comments if necessary.

Approved 9/18/17