



## Request for Reconsideration of Library Materials

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you represent:  Yourself  An Organization (Name): \_\_\_\_\_

Material Type:  Book  DVD  CD  Periodical  Digital Material  Other

Title: \_\_\_\_\_

Author: \_\_\_\_\_ Publisher: \_\_\_\_\_

What brought this work to your attention? \_\_\_\_\_

\_\_\_\_\_

How much of the work have you read, viewed, or listened to?  Entire Work  Portion(s) of the Work

Which parts? \_\_\_\_\_

\_\_\_\_\_

What in the work do you find objectionable? Please be specific. Cite pages, sections, etc.

\_\_\_\_\_

\_\_\_\_\_

What do you feel might be the result of reading, viewing, or listening to this work? \_\_\_\_\_

\_\_\_\_\_

What do you suggest the library do with this work? \_\_\_\_\_

\_\_\_\_\_

Please feel free to attach additional pages as needed. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

The completed form will be submitted to: St. Joseph County Public Library, Collection Development Department for review. A response will be mailed when a decision has been reached.