



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 the St. Joseph County Public Library Collection Development Department for review. A response will be mailed within 7-10 business days.