

Request for Reconsideration

Please answer all questions fully.

Library where the item is shelved _____

Hardcover ____ Paperback ____ Other ____

Author _____

Title _____

Publisher (if known) _____

Request initiated by _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Citizen represents:

Himself/Herself _____

Organization (name) _____

Other group (identify) _____

(If objection is to material other than a book, please answer as appropriate.)

1. Did you read/view the entire item? Yes ____ No ____

If no, what pages or sections did you read/view?

2. To what in the work do you object? (Be specific; cite pages or sections)

3. What did you find of value in this work?

4. What do you feel might be the result of reading/viewing this work?

5. Are you familiar with any critical reviews of this work?

6. What do you believe to be the theme or purpose of the work?

7. What action do you suggest the Carroll and Madison Library System take regarding this work?

8. Can you recommend material of equal quality that would convey a similar picture and perspective on the same subject to replace this work?

Signature of citizen _____ Date _____

Name of staff member receiving this form _____

Date staff member received this form _____