

**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?

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

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

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Signature of citizen \_\_\_\_\_ Date \_\_\_\_\_

Name of staff member receiving this form \_\_\_\_\_

Date staff member received this form \_\_\_\_\_