Citizen’s Request for Reconsideration of Library Material

For a request to be considered, please complete all fields and sign at the bottom.

Contact Information
Date: _______________________________________________________
Name:_______________________________________________________________________
Address: __________________________________ City: ______________________________
State/Zip: ____________________________________________________________________
Phone: __________________________ Email: __________________________
Do you represent yourself? ____ Or an organization? ____
Name of Org.:_________________________________________________________________

1. Resource on which you are commenting:
   ___ Book (e-book) ___ Movie ___ Magazine ___ Audio Recording ___ Game ___ Display
   ___ Book list
   ___ Digital Resource ___ Newspaper ___ Library program ___ Social Media Posting ___ Other

   Title
   __________________________________________________________

   Author/Producer/Presenter:
   __________________________________________________________

2. What brought this resource to your attention?:
   __________________________________________________________

3. Have you examined the entire resource? If not, what sections did you review?
   __________________________________________________________

4. What concerns you about the resource?
   __________________________________________________________

5. Are there resource(s) you suggest to provide additional information and/or other
   viewpoints on this topic?
   __________________________________________________________

6. Please state specifically what you believe to be the primary harm which might occur from
   this item.
   __________________________________________________________
7. Do you think that groups or other members of the community should have the right to keep you from having access to materials you’d like to access which of which they disapprove?
   ____ Yes   ____ No

8. What action are you requesting the library consider?

   ________________________________________________________________

Signature/Date:   ________________________________________________________________