

Request for Reconsideration of Library Materials

Your Name: _____

Library Barcode: _____

Address: _____

City: _____

Zip Code: _____ Phone Number: (____) _____

I Represent:

Myself

An Organization: Name of Organization _____

Do you live in Bay County? Yes | No

Title: _____

Author: _____

Format:

Book

eBook

DVD

Audiobook/Playaway

Music CD

Vinyl

Have you read, viewed, or heard the entire work? (Requestors must read, hear, or view the entire work to have their challenge considered.) Yes | No

For what age group is this work intended? _____

What do you believe is the theme and/or major intent of this work? _____

Have you read any professional reviews of this work? Yes | No

If yes, please list the publications here: _____

What is your objection to this work? Please be specific. _____

In its place, what work of equal literary quality would you recommend the library purchase that would cover the same subject or content? _____

Your Signature: _____ Date: _____