

ATTACHMENT 11: REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Library Card Number \_\_\_\_\_

Do you represent: Self \_\_\_\_\_ Organization \_\_\_\_\_

Type of Resource

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Book       | <input type="checkbox"/> DVD                        |
| <input type="checkbox"/> Audio Book | <input type="checkbox"/> Electronic Information     |
| <input type="checkbox"/> Magazine   | <input type="checkbox"/> Content of Library Program |
| <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Other                      |

Title of Resource \_\_\_\_\_

Library Material # \_\_\_\_\_ Call # \_\_\_\_\_

What brought this resource to your attention? \_\_\_\_\_  
\_\_\_\_\_

Did you read/view/hear the entire work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, what parts did you read/view/hear? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read any published reviews of this item? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give name and date of publication(s): \_\_\_\_\_

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What concerns you about the resource? Please be as specific as possible and point to specific examples within the resource including page numbers and time estimates. \_\_\_\_\_

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Are there resources you suggest which provide additional information and/or viewpoints on this topic? \_\_\_\_\_

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*All Requests for Reconsideration of Library Resources will go before the Leon Valley Public Library's Board of Trustees. The next Board of Trustees meeting will be \_\_\_\_\_ .*

Received by the Library Director on \_\_\_\_\_ .

Library Director Signature of Receipt \_\_\_\_\_ .