



Request for Reconsideration of Library Resources

Adopted October 2014

Revised July 22, 2025

Title: _____ Author: _____

Resource Type ☐ Printed Materials ☐ Music ☐ DVD ☐ Library Display or Event
 ☐ Digital Resources (Database, Streaming Service) ☐ Other

Your Name: _____ Date: _____

Phone: _____ Email Address: _____

Home Address: _____

Request on Behalf of: ☐ Yourself ☐ An Organization (Name) _____

☐ Other (Please Identify) _____

1. To what in the resource do you object? (Please be specific. Use the back of this page or attach pages if necessary)
2. What brought this resource to your attention?
3. Did you read/view/listen to the resource in its entirety? If not, how much did you finish?
4. For what age group is the resource intended?
5. If possible, have you located any professional reviews of this resource? What was their opinion?
6. Could you recommend another resource that would convey similar information and have comparable literary qualities?
7. What would you like the Library to do with the resource in question?