

Request for Reconsideration of Library Resources

Adopted October 2014, Revised May 23, 2023

Date:	
Title:	Author:
Resource Type	 □ Printed Materials □ Music □ DVD □ Library Display or Event □ Digital Resources (Database, Streaming Service) □ Other
Your Name:	
Phone:	Email Address:
Home Address:	
Request on Behalf of:	□ Yourself □ An Organization (Name)
	□ Other (Please Identify)
1. To what in th pages if neces	e resource do you object? (Please be specific. Use the back of this page or attach ssary)
2. What brough	t 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, ha	ave you located any professional reviews of this resource? What was their opinion?
•	commend another resource that would convey similar information and have iterary qualities?

7. What would you like the Library to do with the resource in question?