



Request for Reconsideration of Library Materials

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email address: _____

Do you represent: Yourself _____ An organization _____ If so, which organization?

The following information pertains to the work you ask be reconsidered:

Title: _____

Author / Artist: _____

Publisher: _____

To what in the work do you object? Please be as specific as possible; cite pages, passages, sections.

Did you read/view/listen to the entire work? If not, what portion(s) did you read/view/listen to?

What do you believe is the theme of this work?

Have you read or heard any reviews of this work by critics or reviewers?

What do you want the library to do with this work?

Signature: _____ Date: _____

Please feel free to use the back of this form or additional sheets for your responses and comments.

Approved by the Johnson City Public Library Board of Directors on October 2012