



Request for Reconsideration of Library Materials

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone _____

Email address: _____

Do you have a Johnson City Public Library card in good standing?

Yes _____ No _____

Do you represent:

Yourself _____

An organization _____ Name of organization _____

Do you dispute the age-appropriate classification of an item?

Yes _____ No _____

If "yes," are you the parent or legal guardian of a minor within the library district?

Yes _____ No _____

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

Title: _____

Author / Artist: _____

Publisher: _____

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

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

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 use the space below for additional comments.