



Reconsideration Request Form

By completing this form, your request will be considered according to established procedures. Please complete a separate form (in its entirety) for each title you wish to be reconsidered.

Name _____
(Must have a current library card and be at least 18 years old)

Address _____

Phone _____

Email _____

Are you representing an organization? Yes or No (If yes, specify) _____

Material Information

Title _____ Author _____

Library Branch (circle one) Tell City Cannelton Bookmobile

Item Call Number _____ Item Format _____

1. How did this material come to your attention?
2. In your view, what is the topic or theme of this material?
3. What is your objection to the material? Be as specific as possible (list page numbers as appropriate).

4. Did you find something good or worthwhile about this material? Yes or No
a. If Yes, what?

5. What age group do you think the material is appropriate for?

6. What action would you like taken regarding this material?

7. Are there other materials you recommend to provide additional information or points of view on this topic? (Attach additional pages as needed.)

Have you read, listened to, or viewed the entire content of the material? Yes or No

Have you read the library's Collection Development Policy? Yes or No

Have you discussed the policy with the Library Director? Yes or No

Signature_____ Date_____