MENTOR PUBLIC LIBRARY
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Your Name: ________________________________________________________________

Address: __________________________________________________________________

Phone/email: ________________________________ ________________________________

Representing: Self ______ Other Individual ______ (List Name: ______________________)

Organization ______ (List Name: ______________________)

Have you read the Library’s Collection Development Policy?

_____ Yes

_____ No (If “No”, please Request a copy from the Library and do so.)

Item Title: __________________________________________________________________

Author or Artist: __________________________________________________________________

Publisher: __________________________________________________________________ Publication Date: ________________

Book _____ Magazine _____ Video _____ Music _____ Other: ___________ (Please specify)

1. Did you read, view, or listen to the entire work?

_____ Yes

_____ No (If “No,” please do so. The Library will not consider a request for reconsideration if the material is not examined in full.)

2. To what in the work do you object? Please be specific. (Attach additional pages if needed)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

3. What action would you want to see the Library take?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signature(s) ___________________________ Date: ___________________________