

Request for Reconsideration of Library Material

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Phone: _____

Library Card # _____

Request made on behalf of Yourself Organization _____
(Name)

Form of Material Book Video/DVD Magazine Newspaper Audio Book

Music CD Other _____

Author _____

Title _____

Publisher _____ Year of Publication _____

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

How did this material come to your attention? _____

Have you seen or heard professional reviews for this work? _____

What is your objection? Please be specific. Cite pages. _____

What would you like the library to do about this work? _____

Signature _____

Please return this form to the Meredith Public Library.