

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

1 Request Initiated By		
Last Name	First Name	Middle Initial
Street & PO Box		
City	State	Zip Code
Telephone	Email	
I bring forward this request on behalf of:		
<input type="checkbox"/> Myself <input type="checkbox"/> Group/Organization (indicate name):		
2 Material to be Reconsidered		
Title		
Author/Performer	Publisher (if known)	
Type of material:	<input type="checkbox"/> Book	<input type="checkbox"/> Magazine <input type="checkbox"/> DVD/video <input type="checkbox"/> CD Other: <input type="checkbox"/>
Details:		
1. What do you object to in the material? (Please be specific)		
2. Did you read/view/hear the entire work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what parts did you read/view/hear?		
3. Have you read any published reviews of this item? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name and date of publication		

4. What would you like the library to do about this item?

5. Do you have a recommendation for an alternative to this item?

6. Further comments:

3 Signature of Complainant

Date (DD/M/YYYY)

Internal Use Only:

Date (DD/M/YYYY)

Staff Member Receiving Request

**Petersburg Public Library appreciates your interest in the library's collection.
You will receive notification of the progress or decision of this request
within 60 days from the date the form is received by the library.**