



Reconsideration of Materials Policy

Request for Reconsideration of Materials Form

First Name _____ Last Name _____

Email Address _____

Street Address _____

City _____ State and Zip Code _____

What is the title, author, and format of the material you are commenting on?

Title _____ Author _____

Format (book, audiobook, DVD, etc.) _____

I read, listened to, or viewed this title in its entirety: Yes No

I read the Library's [Collection Development Policy](#): Yes No

In your view, the topic or theme of the title is:

Your objection to the title is: (Please be specific and cite pages where appropriate.)

How did the title come to your attention? _____

Other titles you recommend to provide additional points of view on this topic:
