

Request for Reconsideration Form

Individuals completing this form must have read the resource they are objecting in its entirety

Name _____ Patron # _____

Date _____

Address _____

Phone _____

Material type to which you object _____

Title _____

Author/Producer _____

What is your objection?

For print or published media: Have you read any reviews of the material?

Are there any positive aspects to the material?

What outcome would you like to see from this reconsideration request?

Please make any further comments you see as relevant. You may attach additional explanatory materials, etc. if necessary.

Signature _____