

Request for Reconsideration of Library Materials

Date: _____

If you have found materials or library resources about which you have concerns, please complete this form to assure prompt, complete consideration by library staff. Thank you!

MATERIAL FOR CONSIDERATION

Author/Producer: _____ Publisher: _____ Date/Edition: _____

Title: _____

Type of Material:

Book Magazine/Newspaper Video/DVD Audio/CD Other: _____

Did you read, view or listen to the entire work or a portion of the work? All Part

Please describe your concerns regarding this material:

What specific pages/sections illustrate your concerns:

How did this material come to your attention (optional):

CONTACT INFORMATION

Your Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Organization represented: _____

Please send completed form to:

Kimberly-Little Chute Public Library, 515 W Kimberly Avenue, Kimberly, WI 54136 - Attention: Library Director