

# Request for Reconsideration Form

Please complete this form and return it to a staff member. Use the back of this page for further comments, if necessary.



Recreation for the Mind:  
discover, connect, grow.

**SAUGERTIES  
PUBLIC LIBRARY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Do you represent:  Yourself.  An organization. Name of organization \_\_\_\_\_

What type of material  
or service are you  
commenting on?

Book

Magazine

Library program

Movie

Music CD

Display / Exhibit

Newspaper

Audiorecording

Internet Resource / Site

Other (please describe)

What item/  
program/display/  
exhibit are you  
commenting on?

If commenting on an item, what is the title and author/ performer/ producer?

If commenting on program/ display/exhibit, what is the title and date?

How did this title/  
event/display/  
program/exhibit  
come to your  
attention?

(Recommended by staff member, review, friend's recommendation, found on shelf, visited library, library calendar, newsletter, etc.)

Did you read or listen to the  
entire work, stay for the entire  
program, view the entire  
display? If not, which selection  
or part did you read or view?

What is your main interest?  
Please be specific; cite  
pages, excerpt, or scenes  
whenever possible.

Thank you for your comments. A member of our staff will contact you regarding your concerns.

Signature: \_\_\_\_\_