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.

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

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: _____________________________________________________________________________