

**REQUEST FOR
RECONSIDERATION
OF LIBRARY
MATERIALS**



Author: _____

Title: _____

Publisher (if known): _____

Request initiated by: _____

Address: _____

Phone Number: _____

Do you have an Evergreen Park Public Library card? _____ Yes, Number 22778 _____

This request represents: _____ An individual
_____ An organization (List name)

1. Have you read or viewed the entire work? _____ Yes _____ No

2. What is your objection to the material? (Please be specific: write down pages or sections. If additional space is required, use the back of this sheet).

3. What do you feel might be the result of reading or viewing this material?

4. Do you think this material would be more appropriate for a different age group?

5. What do you suggest the library do about this material?

Signature:

Date:

Received by:

Date:

By completing and signing this form you are identified with specific library materials. The information you provide in completing this form is kept confidential by the Evergreen Park Public Library.