

Request for Reconsideration of a Title

Green Hills Public Library District residents who wish to have materials reconsidered for the Library collection must completely fill out and sign this form. Forms that are not completely filled out will not be considered.

Author: _____

Title: _____

Format: _____ **Copyright Date:** _____

Publisher/Production Company: _____

Name of Resident Submitting this Request: _____

Complainant Represents: _____ Themselves _____ An Organization

1. What do you believe is the theme of this material? _____

2. Are you aware of the reviews of this material by critics? _____

3. Did you read, view, listen to or otherwise use the material in its entirety? _____

(continued on next page)

4. What specifically in the material do you find objectionable? Be specific; cite pages, lyrics, scenes, etc.) _____

5. What good or valuable features do you find in the material? _____

6. What are you requesting the Library do about this material? _____

Signature of Resident: _____

Library Card # (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

Organization Name (if applicable): _____

FOR LIBRARY USE ONLY

Received By: _____ Date: _____

Date Reviewed by Library Director and Designated Selector: _____

Date Reviewed by Library Board of Trustees (if applicable): _____

**** Attach all relevant written correspondence ****