

Request for Reconsideration of Library Materials

To: Reconsideration of Materials/Programs Committee

Date _____

Name _____

Telephone Number _____

Address _____

Town _____

State _____

Zip Code _____

Whom do you represent?

- Myself
- Organization _____ (Specify)

Item to be **reconsidered**

Author _____

Title _____

Publisher _____

Subject _____

- Book
- DVD
- Another format _____

Reconsideration of item presently in library collection.

If additional pages are needed, please attach to this document.

1. Have you read the book, listened to the item or viewed the item in its entirety?

Yes

No

If not, why not?

2. Have you seen or heard reviews of this material?

Yes

No

If yes, please list your source.

3. What do you believe is the theme of this work?

4. To what in the work do you object? Please be specific; cite pages.

5. What would you like the library to do with this material?

6. In its place, what work would you recommend that would provide a perspective on the subject that is equal to or greater than this work?

Reconsideration of material not presently in the collection.

1. Why do you feel this material should be part of the library's collection?

2. Please list any reviews or recommendations of this material.

Signature

Print name

The Rabun County Public Library appreciates your interest. You will receive a written reply within two weeks.

Library Manager _____

Date received _____