Citizen’s Request for Reconsideration of Library Material

Date of request:
Author: Format of material:
Title:
Publisher (if known): Date of publication:

Request initiated by (name):
Telephone:
Address: City: Zip:
Request made on behalf of: _______ yourself _______ organization/group

Name of organization / group:

What is your objection to the material? (Please be specific; cite pages.)

What do you believe is the theme of this material?

For what age group would you recommend this material?

Is there anything positive about the material?

What do you feel might be the result of reading /viewing /listening to this material?

Did you read/view/listen to the entire material? What parts?

Are you aware of the judgment of this material by critics?

Suggested action:

Have you read the Cape Girardeau Public Library’s Materials Selection Policy? 
(Copies are available for your use. Please ask at the Information desk or access online at https://www.capelibrary.org/policies)

What material of equal quality would you recommend that would convey as valuable a picture and perspective of the subject treated?

Other comments:

__________________________________________________________

Signature of requestor