Calloway County Public Library
Requests for Reconsideration of Library Materials Form
(Revised September 28, 2014)

(This form may be printed out and returned to the library)

Title of item ________________________________Book__Magazine__Other__

Author of item ________________________________

Request initiated by___________________________________________

Address__________________________________Phone_____________

City____________________________State_____Zip code___________

Do you represent
    ____Yourself
    ____An organization (name) ____________________________________
    ____Other group (name) _______________________________________

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1. Did you read or view the entire work?__________What parts did you read or view?

2. To what in the work do you object? (Be specific; cite pages, sections etc.)

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

4. In your opinion, is there anything good about this work?

5. What do you feel might be the result of reading or viewing this work?

Signature_______________________________Date_________________________