

Richland Public Library
RECONSIDERATION OF LIBRARY MATERIALS REQUEST FORM

Name: _____

Address: _____

Title, author and format of materials you'd like reviewed:

1. For a request to be considered, the materials in questions must have been read, listened to or viewed in their entirety. Have you read, listened to or viewed the entire content?

2. What brought this material to your attention?

3. Why would you like this material to be reconsidered? Please be specific. (You may attach additional pages if necessary).

4. What outcome are you seeking?

5. What books or other materials do you suggest that reflect your views on the topic?

6. Signature and Date: