

Request for Reconsideration Form

To begin a request for reconsideration to submit a request for reconsideration for library materials, resources, library programs, or library-sponsored programs exhibitions, or displays, they must complete and submit this form. A library employee will contact you to acknowledge receipt and discuss your request.

Fields marked with * are required.

*Name: _____

*Street address: _____

*City: _____

*Zip code: _____

*Email address or phone number (both are preferred): _____

Note: This request will become public record when it is shared by the Library Director with the Board of Trustees at the conclusion of this formal process. Your name will be included but all other contact information will be redacted.

*Please mark the item that this request for reconsideration is for:

Book/Magazine

DVD or Film

Library program

Library sponsored program

Exhibition

Electronic information

Display

Other. Brief description: _____

*Title: _____

*Name of author, artist, contributor: _____

*Location of item or program: _____

*Please specify what you object to and why:

*Please select the method of resolution you are requesting:

Remove material or resource from library holdings

Shelve or link the material or resource elsewhere

Discontinue program, exhibition, or display

Other. Please specify: Please explain how such a resolution might improve the Library's service to the community. (You may attach additional information or files)

You acknowledge that you are the person named on this form and your request meets the eligibility requirements.

Signature _____