

# Request for Reconsideration of Library Materials

\_\_\_\_\_ Book      \_\_\_\_\_ Periodical      \_\_\_\_\_ Audio Visual Material      \_\_\_\_\_ Other

Title:

\_\_\_\_\_

Author:

\_\_\_\_\_

Publisher:

\_\_\_\_\_

Name of Person filling out form:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you represent:  
Yourself \_\_\_\_\_

An organization (name of): \_\_\_\_\_

Other Group (name of): \_\_\_\_\_

## **INFORMATION ABOUT THE WORK**

1. To what in the work do you object? (Please be specific. Cite pages)

2. Did you read/view the entire work? Yes No

(over)

3. What do you feel might be the result of reading/viewing this work?
  
4. For what age group would you recommend this work?
  
5. What do you believe is the theme of this work?
  
6. Are you aware of judgments of this work by literary critics?
  
7. What would you like your library to do about this work?
  
8. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

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Signature

Date

SUBMIT COMPLETED FORM TO:  
Northlake Public Library District  
Attn: Library Director  
231 North Wolf Road  
Northlake, IL 60164

Accepted: August 15, 2013