

Request for Reconsideration of Materials Form

Printed name: _____

Library Card Number: _____

Street address: _____

City or town and ZIP Code: _____

Telephone number: _____ Email address: _____

Citizen represents: Self: _____

Organization (name): _____

Title of material: _____

Author of material: _____

Format (book, DVD, etc.): _____

In what section of the library is this material shelved?

Adult: _____ Young Adult: _____ Juvenile: _____

How was this material brought to your attention? _____

Have you read the whole book, or viewed or listened to the entire work? Citizens must have read, heard, or viewed the entire work to have their challenge considered.

Yes: _____ No: _____

Have read any professional reviews of this work? Yes: _____ No: _____

If yes, please list the publications here: _____

What, in your opinion, is the theme of this material? _____

What is your objection to the material? Be specific; cite pages, sections, or time stamps:

What do you feel might be the result of reading this book or using this audio-visual material? _____

In its place, what work of equal literary quality would you recommend the Library purchase that would cover the same subject or content? _____

Signature: _____ Date: _____

Approved: Unknown date. Amended February 22, 2022
Van Buren District Library Board of Trustees