



REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS FORM

Date _____ Library Card Number _____

Name _____

Full Address _____

Phone _____ Email _____

Type of Material being questioned (please circle):

Book-Children's Book-Teen Book-Young Adult Book-Adult

Is it a hardback or paper copy OR an E-book? (please circle)

Title of the material in question _____

Author of the material _____

Please describe your concerns regarding this material _____

Have you personally examined the entire material completely? Yes No

Is there anything good about this material? If so, what? _____

What action(s) are you requesting the library consider? _____

Was the material checked out to yourself or another family member? (please circle)

Self Child Teen Young Adult Adult

Signature of the person submitting form.

Date

The AHJ Regional Library appreciates your interest in our collection. The Regional Director will contact you via the contact information listed above to follow up regarding your request.