

**Reconsideration of Library Material**

(This form must be fully completed by a resident of the Alpena County George N. Fletcher Public Library Service area and returned to the Library Director for the item to be reconsidered.)

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Representing: Self \_\_\_\_\_ or Organization \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Title of Item: \_\_\_\_\_

Author/Composer/Director: \_\_\_\_\_

Format of Item:: (Book, CD, DVD, Game, other): \_\_\_\_\_

How was the work brought to your attention? \_\_\_\_\_

\_\_\_\_\_

Have you read/viewed/listened to the entire work? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

Have you read any professional reviews of this work? Yes \_\_\_\_\_ No \_\_\_\_\_

What concerns you about this work? (Please be specific and cite pages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you feel might be the result of reading, viewing, or listening to this work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe is the theme or intent of this work? \_\_\_\_\_

\_\_\_\_\_

What action are you requesting from the Library? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_