

**REQUEST TO RECONSIDER LIBRARY MATERIALS**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**1. TYPE OF ITEM**

\_\_\_\_\_ Book    \_\_\_\_\_ Videocassette    \_\_\_\_\_ Newspaper    \_\_\_\_\_ Magazine

\_\_\_\_\_ Tape cassette, record, CD    \_\_\_\_\_ Other:

**2. TITLE** \_\_\_\_\_

**3. AUTHOR/PRODUCER** \_\_\_\_\_

**4. How did this item come to your attention?** \_\_\_\_\_

\_\_\_\_\_

**5. Please specify your concerns about this item. If you need additional space, use the reverse side of this request form or an additional sheet of paper.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Have you read/listened to/viewed the entire material? YES NO**

If not, what parts have you read/listened to/viewed?

\_\_\_\_\_

\_\_\_\_\_

7. What action do you suggest the Library take regarding the item? (Please note that while the Library will consider your opinion, the Library has no obligation to follow the course of action you suggest.) If you need additional space, please use the reverse side of this request form or an additional sheet of paper.

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**Please return the completed form to:**

**DIRECTOR  
BLUE ISLAND PUBLIC LIBRARY  
2433 West York Street  
Blue Island, IL 60406**

**Library Policy requires a written response to your concerns**

**30 days from the date this form is received.**