

Reconsideration Request

FORMAT: Book : Movie : Other: _____

1. Author _____

2. Title _____

3. Publisher _____

4. Call Number _____

5. Web address (if applicable) _____

6. How was the item brought to your attention? _____

7. Did you read, view, listen to, or play the entire work? Yes _____ No _____

8. What is your objection to the item? Please be specific, cite pages, track, scene, etc.:

9. Have you read any reviews of this item? Yes _____ No _____

Please cite source, date, and page: _____

10. What, in your opinion, is the theme of the item? _____

11. What do you feel might be the result of reading, viewing, listening to, or playing this item?

12. For what age group do you feel this item is appropriate? _____

13. What material would you recommend as a replacement that would convey a valuable picture and balanced perspective of the subject treated? _____

14. What would you like the library to do about this item? _____

Print/Type Name: _____

Signature: _____

Organization or group, if any: _____

Date: _____ Phone number: _____

Address: _____

Town/State/Zip: _____

Email address: _____

Please return this form to: Brian D. Shepard, Library Director
Indian Trails Public Library District
355 Schoenbeck Road
Wheeling, IL 60090-4499