

## 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