

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