

Request for Reconsideration of Library Materials/Programs

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Resource on which you are commenting:

Book Nonprint/Audiovisual Resource Magazine
Newspaper eBook Library Program

Book Title/Library Program: _____

Author/Producer: _____

Branch: _____

Have you reviewed TCPL's Collection Development Policy? Yes No

Have you read/viewed the material in question? Yes No

Have you attended the library program in question? Yes No

What in the work/library program do you object to? Please be specific where appropriate.
Examples include "not age appropriate" or "has false information." (Use other side if needed.)

What course of action do you recommend? (Use other side if needed.)

Signature _____

Thank you for your comments. This request will be reviewed by the Library Director. Please be aware that the material will remain in circulation during this review process. You should receive a response within thirty (30) calendar days.

Staff Use Only:

Date Received: _____ Date Acknowledged: _____

Date Responded: _____