

Form: Request for Reconsideration
Wautoma Public Library
STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

Name _____ Date _____
Address _____ Phone _____
City _____ State _____ ZIP _____

Resource on which you are commenting:

- _____ Book
- _____ Audio-visual Resource
- _____ Magazine
- _____ Content of Library Program
- _____ Newspaper
- _____ Other

Title: _____
Author/Publisher or Producer/Date: _____

Please answer the following questions, if you need more room you may use the back of this form and/or attach additional sheets.

What brought this resource to your attention?

To what do you object? Please be as specific as possible.

Have you read or listened or viewed the entire content? If not, what parts? What do you feel the effect of the material might be?

For what age group would you recommend this material?

In its place, what material of equal or better quality would you recommend?

What do you want the library to do with this material?

Additional comments: