

Superior Public Library

REQUEST FOR RECONSIDERATION

Library users wishing to have specific items removed from the collection should use this Request for Reconsideration form. Requestors must have a Superior Public Library card in good standing. Please return this completed form to the Library Director, and the request will be considered by the Library Board.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Library Card number: _____

Do you represent yourself or an organization: self organization

Name of Organization: _____

Office Use Only	
Date Received	
Date Sent to Board	
Date of Board meeting	
Decision	

I certify that I have read the Superior Public Library Collection Development and Intellectual Policy.

Copies of this and all other library policies are posted on the Library's website and available upon request.

1. Resource on which you are making a request:

- Book Movie Magazine Audio Recording Digital resource
 Newspaper Other

Title: _____

Author/Producer: _____

2. What brought this resource to your attention? _____

3. Have you examined the entire resource? _____ If not what section did you review? _____

_____ page numbers _____

4. What concerns you about the resource? _____

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting the Board consider? _____

Signature: _____