



**Howell Carnegie District Library
Request for Reconsideration of Library Materials**

Date _____

Title _____

Author _____

Book _____ Periodical _____ Audiocassette _____ Videocassette _____ Other _____

Publisher _____

Request initiated by _____

Address _____

City _____ State _____ ZipCode _____

Telephone Number _____

Do you represent

Yourself _____ An Organization (name) _____

Other group (name) _____

1. To what in the work do you object? (Please be specific. List pages/tracks)

2. Did you read, view or hear the entire work?

3. What do you feel might be the result of reading/hearing/viewing this work might be?

4. What do believe is the purpose of this work?

5. Are you aware of reviews of this work by critics?

6. What type of actions would you like the library to take?

7. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

Date

Signature