

Request for Reconsideration of Library Materials
Verona Public Library

Your Name: _____ Date: ____/____/____

Address: _____ Phone: _____

Author/Artist: _____

Title: _____

Please briefly answer the following questions about the item that you would like to have reconsidered.

1. Did you obtain the item at the Verona Public Library or did you place it on hold to be delivered by the South Central Library System?
2. How did you learn of this item?
3. What are your objections to this item?
4. What harm do you feel might result from reading/listening to/viewing this work?
5. Did you read/listen to/view the work in its entirety? If not, what parts did you read/listen to/view?
6. Have you read any professional reviews of the work? If so, please list the names of critics and sources of reviews.
7. What do you think are the main ideas of the work or what was the author's/artist's purpose in creating this work?
8. What suggestion do you have for a work with a similar purpose to replace this item?
9. What would you like the library to do with this material?

**Thank you for taking the time to fill out this form.
The Library Director will respond to your concerns
within 10 days of the receipt of this form.**

Signature and Date