

## Request for Reconsideration of Library Materials Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (if applicable) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Do you represent:

1. Yourself
2. An organization (please identify) \_\_\_\_\_

Resource on which you are commenting:

1. Title of item \_\_\_\_\_

2. Author of item \_\_\_\_\_

3. Publisher \_\_\_\_\_

4. Publication Date \_\_\_\_\_

5. Item Type (check applicable type)

1. Book
2. Periodical
3. Video/DVD
4. Audio Recording
5. Electronic resources
6. Display
7. Library program

6. What brought this resource to your attention? \_\_\_\_\_

7. Have you read/viewed the entire work? \_\_\_\_\_

8. What concerns you about the resource? (Use back of form if needed.) \_\_\_\_\_

Received By (Library Staff Member Name) \_\_\_\_\_

Date Received \_\_\_\_\_

**Please return completed form to the Office of Library Director, Boynton Beach City Library**