

Request for Reconsideration of Library Materials

Please check type of material:

Book Periodical Pamphlet Video Audio
 Library program Art Exhibit/Piece Other

Title _____

Author or Artist _____

Publisher or Producer _____

Request initiated by _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Do you represent:

Yourself, An organization: _____

1. What brought this resource to your attention?

2. Did you read / view / listen to the entire work? If not, what parts?

3. What concerns you about the resource? (use additional pages if necessary)

4. What would you like your library to do about this work?

Signature _____ Date ____ / ____ / _____

Please return completed form to: Library Director
Peter White Public Library
217 N. Front St.
Marquette, MI 49855