

**Oregon Public Library  
Request for Reconsideration**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Resource on which you are commenting:

\_\_\_ Book                      \_\_\_ CD/DVD

\_\_\_ Magazine/Newspaper    \_\_\_ Website

\_\_\_ Library Program        \_\_\_ Other

Title: \_\_\_\_\_

Author/Publisher or Producer/Date: \_\_\_\_\_

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1. What brought this resource to your attention?
  2. To what do you object? Please be as specific as possible.
  3. Have you read or listened or viewed the entire contents? If not, what parts?
  4. What do you feel the effect of the materials might be?
  5. For what age group would you recommend this material?
  6. In its place, what material of equal or better quality would you recommend?
  7. What do you want the library to do with this material?
  8. Additional comments:

Please return this form to the Library Director

Revised September 22, 2008

Revised August 11, 2010