

North Kansas City Public Library

Request for Reconsideration of Library Material

Name of individual initiating request: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of Material: _____

Author/ Performer: _____

Format: Book _____ Video _____ Audio _____ Other _____

Location in Library: _____ Call #: _____

Please fill out as completely as possible the following:

1. What brought this resource to your attention?

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

3. What concerns you about the resource? Please cite pages. Use back of form if necessary.

4. What action are you requesting the committee consider?

_____Shelve it elsewhere

_____Remove from Library

_____Other (Specify):

5. I am acting as a spokesperson for the following group or association:

Date: _____ Signature: _____

Thank you for your comments. This Request for Reconsideration will be reviewed per the Library's Reconsideration Policy. Please request a copy of the Request for Reconsideration policy at the time you complete this form and return it to the Library. Thanks!