

**VALENTINE PUBLIC LIBRARY  
REQUEST FOR RECONSIDERATION OF MATERIALS**

Name\_\_\_\_\_

Date\_\_\_\_\_

Address\_\_\_\_\_

Phone#\_\_\_\_\_

Group Represented (if any)\_\_\_\_\_

Resource on which you object\_\_\_\_\_

Author/Producer\_\_\_\_\_

Title\_\_\_\_\_

What is your objection?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you examine the work in its entirety?\_\_\_\_\_

Have you read reviews of the material?\_\_\_\_\_

Are there any positive aspects of the material?\_\_\_\_\_

\_\_\_\_\_

Please make any further comments which you see as relevant (Use the reverse side if necessary)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature\_\_\_\_\_

<b>OFFICE USE ONLY</b>
Date received by Director
Date sent to Board

<b>OFFICE USE ONLY</b>
Date of Board Meeting
Decision