

**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_____

OFFICE USE ONLY

Date received by Director

Date sent to Board

OFFICE USE ONLY

Date of Board Meeting

Decision