

**Hales Corners Library**  
**Request for Reconsideration Form**

The library values your opinion. If you have an objection to library material, please complete this form, indicating as clearly and legibly as possible the nature of your concern. Please use the reverse side of this form if you need additional space for your answers.

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime phone #: \_\_\_\_\_ Nighttime phone #: \_\_\_\_\_

1. What type of library material are you concerned with?

- |                 |                  |
|-----------------|------------------|
| _____ book      | _____ video      |
| _____ magazine  | _____ audio book |
| _____ newspaper | _____            |
- other: \_\_\_\_\_

2. Please provide us with bibliographic information from the material(s). (Use the reverse side if there is more than one item.)

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

Author: \_\_\_\_\_

3. What brought this item to your attention? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you examined the material completely?    \_\_\_\_\_ yes    \_\_\_\_\_ no

5. Please comment on this item. Please be specific about what concerns you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What would you recommend the library do about this item? \_\_\_\_\_

\_\_\_\_\_

7. What other materials do you suggest the library consider so that additional information can be provided on this subject? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_ Today's date: \_\_\_\_\_