



Request for Reconsideration of Library Materials

APPENDIX 3B

Name of person filling out this form: _____

Full address: _____

Email: _____

Telephone number: _____

Do you represent:

Yourself

An organization (name of): _____

Other group (name of): _____

INFORMATION ABOUT THE WORK

Book

Periodical

Audio Visual Material

Other

Title: _____

Author: _____

Publisher: _____

To what in the work do you object? (Please be specific. Cite pages)

Did you read/view the entire work?

What do you feel might be the result of reading/viewing this work?

For what age group would you recommend this work?

What do you believe is the theme of this work?

Are you aware of judgments of this work by literary critics?

What would you like your library to do about this work?

In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

Signature

Date

SUBMIT COMPLETED FORM:

By Mail:
Plainfield Public Library District
Attn: Library Director
15025 S. Illinois Street
Plainfield, IL 60544

By Email:
Library Director Lisa Pappas at:
lpappas@plainfieldpubliclibrary.org