

# Request for Reconsideration Form

Valley City Barnes County Public Library

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

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

Location: \_\_\_\_\_

Type of material: Book Music (CD) Video (DVD) Magazine/Newspaper Other

Date request received by staff: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Request initiated by: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Representing: Self Organization

Organization address: \_\_\_\_\_

Organization telephone: \_\_\_\_\_

What concerns you about this material? Please be specific. Cite pages.

Did you read/listen/view the entire item? If no, what parts?

Is there any age group for which this material might be appropriate? If so, please specify.

Are there, in your judgment, any positive elements in this material? Please describe.

Are you aware of any literary reviews of this material? If so, please cite.

What material(s) can you suggest to counterbalance the point of view of this material or provide additional information on the subject?