

Request for Reconsideration of Library Materials Form

Name _____

Address _____

City/State/Zip _____

Telephone (if applicable) _____

Cell Phone _____

Do you represent:

1. Yourself
2. An organization (please identify) _____

Resource on which you are commenting:

1. Title of item _____
2. Author of item _____
3. Publisher _____
4. Publication Date _____
5. Item Type (check applicable type)
 1. Book
 2. Periodical
 3. Video/DVD
 4. Audio Recording
 5. Electronic resources
 6. Display
 7. Library program

6. What brought this resource to your attention? _____

7. Have you read/viewed the entire work? _____

8. What concerns you about the resource? (Use back of form if needed.) _____

Received By (Library Staff Member Name) _____

Date Received _____

Please return completed form to the Office of Library Director, Boynton Beach City Library