

Citizen Request for Reconsideration of Library Materials

Author	r Format
Title _	
Publish	ner
•	st initiated by: (only requests initiated by residents of Washington, Bruce, or Romeo will sidered OR Romeo District Library cardholders in good standing)
Name:	
Addres	SS:
Phone	Number:
Email /	Address:
Compl	ainant Represents:
	anization nameer group namee
1.	To what in the book or recording do you object? (please be specific and cite pages)
2.	What do you feel might be the result of reading or viewing this material?
3.	For what age group would you recommend this materials?
4.	Did you read, hear, or view the entire material?
5.	Are you aware of the judgement of this material by critics?
6.	What do you believe is the theme of this material?
7.	What would you like the library to do about this material? (circle your choice)

b. Withdraw it from the library's collection so that no one has the option to check

a. Do not circulate it to my child

c. Send it to the library board for reevaluation

this out