

LAKE COUNTY PUBLIC LIBRARY
Patron Request for Reconsideration of Library Materials

Patron Name: _____	
Address: _____	

Telephone _____	Library Card No. _____
Patron represents: _____ Self	
_____ Organization/Group Name _____	

Material objected to is a	_____ Book	_____ DVD/Video
	_____ CD	_____ Other _____
Title of Material _____		
Author (if applicable) _____		
Publisher & Date (if known) _____		
Library Location _____		

1.	To what in the material do you object? (Please be specific; cite pages, counter numbers, etc.)

2.	What do you feel might be the result of reading, listening to or viewing this material?

3.	For what age group would you recommend this material?

4.	What is good about this material?

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5.	Did you read / listen to / view the entire material? _____ If not, what parts? _____ _____ _____
6.	Are you aware of the judgment of this material by critics and reviews? _____ _____ _____
7.	What do you believe is the theme or purpose of this material? _____ _____ _____
8.	What would you like the library do about this material? _____ _____ _____
9.	In its place, what material of equal quality, or on the same subject matter, would you recommend for the library? _____ _____ _____

Patron Signature

Date

