Gloucester City Library

Request for Reconsideration of Library Materials

Author: ________________________________
Title: ________________________________
Publisher or Distributor: ________________________________
Request Initiated by: ________________________________
Address: ________________________________ Telephone: ________________
City: ________________ Zip code: ________________
Request represents: _____Individual (Name_________________________)  
____Organization. (Name_______________________)

1. Have you read or viewed the entire work? _____________
   If not, what parts? ________________________________

2. To what in the material do you object? Please be specific: cite pages or sections.

3. What good or valuable features do you find in the material?

4. What do you believe is the theme of this work?

5. What do you feel might be the result of reading or viewing this material?

6. Have you read any reviews of this material? ________________________________
   If yes, specify ________________________________

7. Do you think this material would be more appropriate for a different age group? _______
   Please explain.__________________________________________

8. What would you like the library to do about this material?

9. Can you recommend other material that would convey as valuable a picture and/or perspective of
   the subject treated? ________ If yes, please specify.______________________________

Date: ________________ Signature: ____________________________