



Bibliothèque Allard Regional Library

Request for Reconsideration of Library Materials

YOUR INFORMATION

Last Name	First Name
Mailing Address	
Telephone Number	Email Address

I bring this request forward on behalf of:

Myself Group/organization: _____

MATERIAL TO BE RECONSIDERED

Type of material

Book DVD/Video Magazine Other

Title
Author/Performer
Publisher (if known)

DETAILS OF YOUR REQUEST

What brought this material to your attention?

Did you read/view/listen to the entire resource? Yes No

If no, which part(s) did you read/view/listen to?

What do you object to in this resource? (Please be specific – supply page numbers/scenes; use extra sheets if needed)

How would you like your concern to be resolved?

Signature: _____

Date: _____

INTERNAL USE ONLY

Date received:

Received by: