



## Request for Reconsideration Form

Any Samuels Public Library cardholder has the right to request reconsideration of Library offerings. Initial requests will be sent to the Library Director. The Library Director will deliver a written response to the request. Appeals will be heard by the Library Board of Trustees.

Name: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Do you represent yourself or an organization? ☐ Self ☐ Organization

Name of Organization: \_\_\_\_\_

Title of Item / Event / Display: \_\_\_\_\_

Author or Creator: \_\_\_\_\_

Format: ☐ Book/eBook ☐ Movie ☐ Audiobook/eAudio ☐ Periodical  
☐ Online Resource ☐ Display ☐ Event

**Please answer the following questions concisely and use additional paper if necessary (this section is continued on back of page).**

1. What brought this resource to your attention?

2. Have you examined the entire resource in full? If not, what sections did you review?



3. What concerns you about the resource? Please be specific in citing pages or passages if applicable.

4. Is there anything worthwhile in this material? Please explain.

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting the Library to consider?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for taking the time to fill out this form. After completing the questions on this form, please return the form to any staff member. The Library Director will respond in writing to your concerns within 15 business days of the receipt of this form.