GARFIELD COUNTY PUBLIC LIBRARY DISTRICT
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Please describe the item in question as fully as you are able:

Title: ______________________________________________________________________

Author: _____________________________________________________________________

Publisher: __________________________________________________________________

Format (circle one): book recording (cd, dvd, video) electronic resource other _______

Call number or location in library: _________________________________________________

Please state the action you wish taken on this item:
{ } Shelve it elsewhere (reclassify)
{ } Remove it from the Library
{ } Other (specify):______________________________________________________________

What is your objection to this item? Please be specific.

What do you believe to be the theme of this work?

Have you read/viewed/listened to the entire work? Yes No
If not, then which parts? (list specific page numbers or sections)

Is this request made on behalf of yourself or a group you represent?

Your Name: __________________________________________________________________

Home Telephone: _____________________ Alternate Telephone: _______________________

Street Address: ________________________________________________________________

City: ___________________________________ State: _________ Zip Code: ______________

Signature: _____________________________ Date: __________________

Approved by the Board of Trustees on June 5, 2008