

**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: _____