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: ___________________