Request for Reconsideration of Library Resources
The Colony Public Library

Request Initiated by:

Name: _____ Library Card #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

You Represent: ☐ Yourself ☐ Group/Organization: _____

If representing a group/organization, provide primary contact information (name, phone, address, email):

Resource for Reconsideration

Title of Resource**:** _____

☐ Book ☐ Audiobook ☐ Video ☐ CD Other: _____

Author/Creator: _____

1. How was this resource brought to your attention?

2. Did you read/view/listen to the entire resource? If not, what parts? Be specific–cite page numbers, chapters, scenes, sections, tracks, etc.

3. Are you considering the resource as a whole?

4. What do you feel might be the result of reading/viewing/listening to this resource?

5. What do you believe is the theme of this resource?

6. For what age group would you recommend this resource?

7. What is good about this resource?

8. What objections do you have about this resource? Be specific–cite page numbers and quote exact passages; cite specific scenes and their location in the video; cite specific tracks in the audiobook or CD; indicate any factual inaccuracies in the text, pictures, and/or content; etc.

9. What reviews have you read or heard of this resource? Cite specific sources.

10. In its place, what resource would you recommend that would convey as valuable a picture and perspective of the subject?

11. What action would you recommend that the Library Board take regarding this resource?

Signature: _____ Date: _____