



## **REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS**

### **REQUEST INITIATED BY:**

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

Group or Organization (if applicable): \_\_\_\_\_

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

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

### **MATERIAL**

Title: \_\_\_\_\_

Author: \_\_\_\_\_ Call Number: \_\_\_\_\_

Format: ☐ Book ☐ Audiobook ☐ DVD ☐ Music CD ☐ Magazine ☐ Other

### **OBJECTION/RECOMMENDATION**

This is: ☐ Material You Object To ☐ Material You Are Recommending

What brought this item to your attention? \_\_\_\_\_

Have you read/viewed the material(s) in question? ☐ Yes ☐ No

Have you read/viewed the material in its entirety? ☐ Yes ☐ No

If not, what section(s) did you review? \_\_\_\_\_

List specific objections or recommendations:

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ACTION

What would you like the Ellwood City Area Public Library to do about this material?

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Would you regard the item as appropriate for any age group? If so, which?

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The Library Material Selection Committee will review this request.

Do you wish to be notified regarding the action take? ☐ Yes ☐ No

If Yes, please select your preferred method of contact below:

☐ By email address \_\_\_\_\_

☐ By mail

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Signature

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Dated

Send form to:

Materials Selection Committee  
Ellwood City Area Public Library  
415 Lawrence Avenue  
Ellwood City, PA 16117