

## REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

The Library Board of Trustees has delegated the responsibility for selection and evaluation of collection materials to the Library Director and has established reconsideration procedures to address concerns about those resources. Completion of this form is the first step in those procedures. If you wish to request reconsideration of library materials, please return a completed form c/o the Library Director, Wixom Public Library, 49015 Pontiac Trail, Wixom, Michigan, 48393. All decisions of the Board are final.

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

Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you represent self? \_\_\_\_\_ Organization? \_\_\_\_\_

1. Resource on which you are commenting:

Book \_\_\_\_\_ Video/DVD \_\_\_\_\_ Magazine \_\_\_\_\_ Audio Recording \_\_\_\_\_ Newspaper \_\_\_\_\_

Electronic information/network (please specify): \_\_\_\_\_

Other: \_\_\_\_\_

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

Author/Producer: \_\_\_\_\_

2. How did you come to select this material? \_\_\_\_\_

\_\_\_\_\_

3. Did you read, view, or listen to the entire work? \_\_\_\_\_

4. What concerns you about the resource? Please be specific by citing pages or passages (use other side or additional pages if necessary). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_