

**Wilmington Memorial Library
Request for Reconsideration of Library Materials**

Completion of this form is required in order to initiate a formal request for reconsideration of any library material. After completing this form, please return it to the Library Director.

<u>Name</u>	<u>Date</u>
<u>Address</u>	<u>City/Zip</u>
<u>Telephone</u>	<u>Email</u>
<u>Who do you represent?</u> <i>Yourself</i> _____ <i>Organization (please name)</i> _____	
<u>Have you read the Library's Collection Development Policy?</u> <i>Yes</i> _____ <i>No</i> _____	
<u>Type of Material</u> <i>Book</i> ___ <i>DVD</i> ___ <i>CD</i> ___ <i>Video Game</i> ___ <i>Other (please specify)</i> _____	
<u>Item Title</u>	<u>Item Author</u>
<u>Item Publisher/Producer</u>	<u>Item Publication Date</u>
<u>Have you seen reviews of this item?</u> <i>Yes</i> ___ <i>No</i> ___	<u>If yes, do you agree with the reviews?</u> <i>Yes</i> ___ <i>No</i> ___

Please answer the following questions. Use the reverse side of the paper if necessary.

1. How was this item brought to your attention?

2. Have you read/viewed the entire work? Yes ___ No ___ If not, which parts?

3. What concerns you about this material? Please cite specific examples, page numbers, etc.

4. What would you like the library to do about this material?

Patron Signature _____ **Date** _____