

# Ripon Public Library

## Request for Reconsideration of Library Materials

- please print clearly -

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

Name of person filling out this form: \_\_\_\_\_

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

Telephone number and/or email address: \_\_\_\_\_

Title of library material: \_\_\_\_\_

Type of material (audio, video, book, etc.): \_\_\_\_\_

1. What is your objection to this item? \_\_\_\_\_

\_\_\_\_\_

2. For what age group would you recommend this item? \_\_\_\_\_

3. Is there anything good about this item? \_\_\_\_\_

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

5. Are you aware of the judgment of the work by professional critics? \_\_\_\_\_

6. What reviews of the work have you seen? \_\_\_\_\_

7. What would you like the library to do with this item? \_\_\_\_\_

\_\_\_\_\_

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