

Town of Indian Lake Library Materials Reconsideration Form

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Do you represent yourself? _____

Do you represent an organization? _____

1. Resource on which you are commenting:

____ Book ____ Video ____ Display ____ Graphic Novel
____ Magazine ____ Library Program ____ Newspaper ____ Audio Recording
____ Electronic Information (please specify) _____ ____ Other

Title: _____

Author / Presenter / Producer: _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? (i.e. read the entire book, viewed the entire presentation, listened to the entire recording, etc)

4. What concerns you about this resource? (Please site specific pages or parts and use other or side or additional pages if necessary)

Please see other side 

5. Are there resources you suggest to provide additional information and/or other views on this topic?

6. What action would you recommend be taken regarding this material?

Signature _____ Date _____

Please print your name: _____