

Pembroke Public Library - Request for Reconsideration of Library Materials

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I represent: Myself Group/Organization: _____

Do you have an active SAILS library card? Yes No

Have you read the Library's Collection Development & Management Policy? Yes No

Media Type: Audiobook Book Digital Resource Display/Exhibit DVD

Game Magazine Other: _____

Title: _____

Author: _____

Call Number: _____ Copyright Date: _____

1. What brought this item to your attention?

2. Have you examined (read/viewed/listened to) the entire work or resource? Yes No

If no, which sections have you reviewed? Please attach additional pages if necessary.

3. What concerns you about this item? Please be specific (If possible cite a page number, time stamp, etc.) and attach additional pages if necessary.

4. What action are you requesting the Library consider with regard to this item?

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

Signature _____ Date _____

Thank you. Please present your request to the Pembroke Public Library to be reviewed by collection development staff for action.