



Request for Reconsideration of Library Materials

Description of item concerned:

Author/Artist: _____

Title: _____

Publisher or Distributor: _____

Material Type (Please Check One):

Book DVD Audiobook Other

Request initiated by:

Name: _____

Best Contact (phone, email, etc.): _____

Mailing Address: _____

Are you a Resident of Cedar Springs or Solon Township? Yes No

I am an: Individual Organization

Organization Name: _____

Please answer the following questions about the material:

Did you read/view/listen to the entirety of this item? If not, what sections did you review?

What do you believe is the theme or intent of this item?

Have you read any published reviews of this item? ____ Yes ____ No

If Yes, please give the name, date, and issue/volume of the publication:

What concerns you about this item? (Please be specific –cite pages, scenes, etc.)

What harmful effect do you feel might be/was the result of reading/viewing/listening to this item?

Do you believe this item serves any of the following purposes? (Check all that apply)

____ Promotes understanding of other cultures or lifestyles

____ Promotes discussion of societal issues

In its place, what other source would you recommend that would convey valuable information or perspective on this subject?

Signature of person submitting the Reconsideration Form

Date