

## Request for Reconsideration of Library Materials

Verona Public Library

### Required:

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

The trustees of the Verona Public Library have established a Collection Management Policy that includes a procedure for patrons to request a review of a specific item. Completion of this form is the first step in that procedure. Please answer the following questions about the item that you would like to have reconsidered and return this form to the library director or a library staff member. The library director will respond within 10 days of the receipt of this form.

1. Item on which you are commenting:

- Book                       Magazine                       Newspaper  
 Movie                       Audio Recording                       Other (specify) \_\_\_\_\_

Title: \_\_\_\_\_

Author/Creator: \_\_\_\_\_

2. What brought this item to your attention?

3. What are your concerns about this item (please include page numbers if applicable)?

4. Have you examined the entire item? If not, what parts did you review?

5. Are there items you suggest with a similar purpose and/or other viewpoints on this topic?

6. What action are you requesting the committee consider?

- Move it to another collection in the library (ex. from children to teens, from teens to adult)  
 Remove it from the library  
 Other (specify)

**I understand that by signing below, I am formally requesting the library reconsider the material indicated on this form; that the material will be reevaluated according the library's Collection Management Policy; and that this form will be shared with decision-makers as part of the reconsideration process.**

Signature and Date: \_\_\_\_\_