

Itasca Community Library

RECONSIDERATION OF LIBRARY MATERIAL FORM

Your name _____ Phone # _____

Address _____ Email _____

Do you represent?

Yourself _____ Other (Please specify) _____

Title: _____

Author/Producer/Publisher: _____

Format (Book, DVD, etc): _____

Call Number: _____

Did you read/view/listen to the entire work? _____

Have you read any reviews of the material? _____

Have you read the Itasca Community Library Materials Selection Policy? _____

Please describe your concerns regarding this material. Please be specific and list page numbers or sections when applicable

What action would you like the library to take with regards to this work?

Signature _____ Date _____

Approved 10/17/17