

REQUEST FOR RECONSIDERATION

Please complete this form and return it to a staff member

Your contact information

Name _____ Phone # _____

Address _____

(Please fill out all fields)

City _____ State _____ Zip _____

Email _____ Today's Date _____

Your BDL Library Card Number: _____

What type of material are you commenting on?

Book Video recording Newspaper Library program

Audiobook Music recording Magazine Display/exhibit

Internet resource/site Other _____

What item/program are you commenting on?

If commenting on an item, what is the title and author/performer/producer?

If commenting on an program/display/exhibit, what is/was the title and date?

How did this title/event/display/program/exhibit come to your attention?

(Recommended by staff member, review, friend's recommendation, found on shelf, visited library, library calendar announcement, publicity announcement, etc.)

Did you read or listen to the entire work, stay for the entire program, view the entire display? If not, which selection or part did you read or view?

What is it that you find objectionable? Please be specific; cite pages, excerpts, or scenes whenever possible.

Library Use Only

Received on: _____

Staff initials: _____

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Thank you for your comments. Please use the back of this page for further comments if necessary. The Library Director will contact you regarding your concerns within 60 days.