

**ROLFE PUBLIC LIBRARY
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL**

Title of Item _____ Book ___ Magazine ___ DVD ___ Program ___

Author of Item _____

Age Level of Item: 1. Adult _____ 2. Young Adult _____ 3. Child _____

Request Initiated By _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Do you represent:

_____ Yourself

_____ Organization (name) _____

_____ Other group (name) _____

Please Describe the Concern: _____

What would you like the library to do about this material? _____

Staff use only

Staff person receiving request _____

Date of Request _____

Date Patron was informed of decision _____

Board use only:

Date submitted to board _____

Decision made by board _____