



**REQUEST FOR RECONSIDERATION
OF LIBRARY MATERIAL**

Dearborn Public Library

Title/URL (Internet address) _____

Author (if applicable) _____

Request initiated by: _____
Name

Address: _____
Street City State Zip

Phone Number: _____ Home Work Cell

Do you represent:
_____ yourself
_____ an organization _____
(Name of Organization)
_____ other group _____
(Name of Group)

FORMAT OF MATERIAL:

___ Book ___ Video ___ Spoken Word ___ Internet Site ___ Other

1. To what, in this material, do you object. (please be specific, e.g. cite page numbers, URLs) _____

2. Did you read/view/listen to the entire work? _____ Yes _____ No

If no, which parts have you read/viewed/listened to? _____

3. What do you believe may be the result of reading/viewing/listening to this work?

4. For what age group would you recommend this material? _____

5. Are you aware of judgments of this material by literary critics? _____

6. Additional comments (please attach a separate sheet, if necessary) _____

Signature _____ Date _____

Your request will be reviewed by the Director.

02/23/2015