

Citizen's Request for Reconsideration of Library Material

Date of request: _____

Author: _____ Format of material: _____

Title: _____

Publisher (if known): _____ Date of publication: _____

Request initiated by: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Request made on behalf of: _____ yourself _____ organization/group
name of organization / group _____

What is your objection to the material? (Please be specific; cite pages.) _____

What do you believe is the theme of this material? _____

For what age group would you recommend this material? _____

Is there anything positive about the material? _____

What do you feel might be the result of reading /viewing /listening to this material? _____

Did you read/view/listen to the entire material? _____ What parts? _____

Are you aware of the judgment of this material by critics? _____

Suggested action: _____

Have you read the Cape Girardeau Public Library's Materials Selection Policy? _____

(Copies are available for your use. Please ask at the Information desk or access online at
<https://www.capelibrary.org/policies>)

What material of equal quality would you recommend that would convey as valuable a picture and perspective
of the subject treated? _____

Other comments: _____

Signature of requestor