

Commerce Township Community Library
REQUEST FOR RECONSIDERATION

Request initiated by: _____

Telephone: _____ Address: _____

You represent:

- Yourself
- An organization (please name) _____

What is the title, author, performer or producer, if applicable?

Please answer the following questions fully. Use additional pages if necessary. Forms not fully completed will not be considered.

Did you read, listen to or view this material completely?

- Yes
- No
- Not applicable

Did you attend the entire program?

- Yes
- No
- Not applicable

Did you see the exhibit or display in person?

- Yes
- No
- Not applicable

1) To what in the material, program, display or exhibit do you object? Please be specific, citing page numbers or specific passages.

2) What do you feel might be the result of reading or viewing this material, program, display or exhibit?

- 3) For what age group(s) do you think this material, program, display or exhibit is suitable?

- 4) What are some good or positive things you found in this material?

- 5) What reviews or interpretations of this program, display or exhibit have you read/heard/viewed? Please be specific.

- 6) What do you believe is the overall theme of this material, program, display or exhibit?

- 7) What would you like the Library to do with regard to this program, display or exhibit?

- 8) What do you see as the purpose of this program, display or exhibit?

- 9) What other material, program, display or exhibit, serving substantially the same purpose, would you recommend to provide additional information or points of view on this topic?

Date: _____

Signature: _____