

RECONSIDERATION REQUEST FORM

By completing this form, your request will be considered according to established procedures. Thank you for providing the needed information.

NAME _____

(Must have a current Bitterroot Public Library card and be at least 18 years old)

ADDRESS _____

PHONE _____

MATERIAL FOR COMMENT:

Title _____ (One item per request)

Author _____

Format other than print? _____

COMMENTS ON THE MATERIALS (PLEASE BE SPECIFIC)

(Please use other side for additional comments.)

WHAT ACTION ARE YOU REQUESTING THE LIBRARY TO CONSIDER?

Have you read the library's Collection Management Policy? _____

Have you discussed the policy with the Library Director? _____

Have you read, listened to, or viewed the entire content of the material? _____

Have you read any professional critic's reviews of this material? _____

Please cite the source or attach a copy.

SIGNATURE _____

DATE _____