

**Request for Reconsideration
Hudson Area Public Library District**

Author _____

Title _____

Publisher _____

Date of Publication _____

Call # _____

This is a ___ Book ___ Recording ___ Magazine ___ Film ___ CD-ROM

1. Did you read/view/listen to the entire work? Yes ___ No ___ If not, what parts?

2. What do you find objectionable about the item? Please give specific examples.

3. What valuable or positive features do you find in the work?

4. What might be the result of people reading, listening to or viewing this material?

5. For what age group would you recommend this item? Why?

6. Have you read reviews of this material? If so, from what sources did these reviews come from?

7. What comparable title would you recommend be purchased that would convey as valuable a picture and/or perspective of the subject treated?

8. What would you like the library to do about this item?

Reconsideration initiated by: _____

(Please print your name)

Address: _____

Phone # _____ Email address _____

Signature _____ Date _____

Request represents Individual

Organization- List Name _____

Other- List Name _____