Citizen’s request for Reconsideration of Library Material

For a request to be considered ALL fields must be completed and form must be signed.

Name of requestor:
_________________________________________________________________________________

Address: _________________________________________________________________________

City: ____________________________________ Telephone: _______________________________

Email address: ___________________________________________________________________

Requestor represents: _____ SELF     _____ Organization (name) _________________________
_________________________________________________________________________________

Type of material: __________________________________________________________________

Title: ____________________________________________________________________________

Author/Creator: ________________________________________________________________

1. Please indicate specifically the nature of your complaint about this item. (Cite pages or other details as needed)
_________________________________________________________________________________
_________________________________________________________________________________

2. Please state specifically what you believe to be the primary harm which might occur from this item.
_________________________________________________________________________________

3. For what age group would you recommend this item?
_________________________________________________________________________________

4. Is there anything good about this item?
_________________________________________________________________________________

5. Did you examine the entire work or only parts?
_________________________________________________________________________________

6. Are you aware of any professional reviews of this item?
_________________________________________________________________________________

7. Are there resources you suggest to provide additional information and/or other viewpoints on this topic?
_________________________________________________________________________________

Date: _____________________ Signature of Requestor: ____________________________

This request will be reviewed in accordance with the established procedures of the Eagle Mountain Library and the Library Board.

Adopted by the Library Board: August 2016
Reviewed: 9/20/2018