Milne Public Library

Form for Reconsideration of Library Materials or Services

Name: _____ Date: _____

Address: _____

E-mail address: _____

Phone: _____ Preferred contact method? Mail / Email / Phone

I am filling out this form: ___ As an individual

___ On behalf of a group/organization called: _____

Please tell us as much as you can to help us identify this item.

Title: _____

Author/editor/creator: _____

Publication/Creation Year: _____ Call number: _____

Format (book, DVD, etc.): _____

Any other identifying information? _____

1. **Please list your reasons for filing this request. Please be as specific as possible, citing pages or parts as appropriate. (You may attach pages to this form.)**

2. **How did you become aware of this item? Have you read/listened to/watched the entire thing? If not, which parts did you review?**

3. **Do you see any ways in which this item could be of value?**

4. **Please suggest alternative resources that could provide similar information on this topic to the community - in its place, what material of equal or better quality on this subject would you recommend?**

5. **What do you want the Library to do about this material?**

Signature _____ Date: _____