

# Prospect Heights Public Library District Library Materials Reconsideration Form

Name:

Library Card #

Address

Phone:

E-mail

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Information Desk or e-mail it to the Executive Director at [atodd@phpl.info](mailto:atodd@phpl.info).

The Board and staff of the Prospect Heights Public Library District appreciate your interest. The Executive Director will contact you following a review of your comments.

You may appeal the Executive Director's response to the Board of Trustees at a regularly scheduled meeting. However, until a decision is reached, no removal or restriction shall take place. Final authority for the removal or restriction of a title rests with the Board of Trustees.

## **For staff use**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Title

Author/Performer

Type of Material

Print

Non-Print

1. Did you read, listen, or view this title in its entirety?      Yes      No
  
2. Please state your opinions on the material, noting your objection(s) as specifically as possible, citing page numbers, scenes, verses, etc.
  
  
  
  
  
  
  
  
  
  
3. What do you feel might be the result of a patron's exposure to this work?
  
  
  
  
  
  
  
  
  
  
4. What did you appreciate about the title?

5. Did you read the Prospect Heights Public Library District's Library Materials Selection Policy?      Yes      No

6. What action, if any, do you request be taken regarding this policy?

7. What work of equal quality would you recommend in its place that would convey as valuable a picture, perspective, and treatment of the subject?

8. Please list any reviews of this title that you have heard or read.

9. Please list any group(s) you are representing with this request.

10. Do you have any additional comments?