



Carbon County Library System

Request for Reconsideration of Library Materials Form

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Contact Information: (required)

Name: _____

Phone number: _____ Email : _____

Mailing Address: _____

Who do you represent? Self Organization

If organization , please provide the name : _____

Are you a Carbon County, Wyoming resident: Yes No

Material Information:

Type of Material: (Please check all that apply)

Book Audiobook DVD Magazine/Newspaper

Other : _____

Title : _____

Author/ Performer: _____

Have you read, viewed or heard the entire work? Yes No

What action do you wish to be taken?

Shelve it elsewhere Remove it from the library

Other: _____

Please explain how such an action would improve the Library's service to the community:

What do you believe is the theme and/or major intent of this work?

What is your objection to this work? Please be specific

What do you feel might be the result of reading, viewing or listening to this work?

Signature

Date

For Library staff use only:

Date received: _____

Branch: _____

Notes: _____
