



Materials/Program Reconsideration Request Form

BLAND COUNTY PUBLIC LIBRARY

PLEASE PRINT INFORMATION

DATE: _____

LIBRARY/BRANCH: _____

TITLE/PROGRAM: _____

PUBLISHER(if known): _____ AUTHOR(if known): _____

ISBN(if known): _____

REQUEST INITIATED

BY:(Name) _____

(Address) _____ (Phone) _____

RESOURCE ON WHICH YOU ARE COMMENTING:

- BOOK/EBOOK MAGAZINE DIGITAL RESOURCE NEWSPAPER
- MOVIE AUDIO RECORDING GAME PROGRAM

OTHER: _____

IS CONCERN VOICED BY GROUP OR SELF: GROUP SELF

CONCERNS WITH MATERIALS (PLEASE EXPLAIN) _____

DID YOU READ THE ENTIRE BOOK (MATERIAL) OR ATTEND THE PROGRAM: YES NO

IF NO, WHAT PARTS DID YOU READ/ATTEND? _____

ARE YOU AWARE OF ANY REVIEWS FOR THIS BOOK, MATERIAL, PROGRAM? YES NO

IF YES, PLEASE CITE: _____

IS THERE ANYTHING ELSE YOU WOULD LIKE TO INCLUDE: _____

By Library Board of Trustees
Approved 1/10/2024

SIGNATURE: _____