

# DAYTON METRO LIBRARY

## REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

If you wish to request reconsideration of library materials, please complete the form below and return it to the Executive Director, Dayton Metro Library, 215 East Third Street, Dayton, Ohio, 45402. Please Note: your request will be forwarded to the Board of Library Trustees and it will become a matter of public record, including your name and address.

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Representing:

Self: \_\_\_\_\_

Organization: \_\_\_\_\_

Have you read the library's *Collection Development Policy*? \_\_\_\_\_ Yes \_\_\_\_\_ No

Resource on which you wish to comment:

\_\_\_\_\_ Book \_\_\_\_\_ Video \_\_\_\_\_ Magazine \_\_\_\_\_ Newspaper \_\_\_\_\_ Audio book

\_\_\_\_\_ Music \_\_\_\_\_ Display \_\_\_\_\_ Other \_\_\_\_\_

Author/Producer: \_\_\_\_\_

Title: \_\_\_\_\_

What brought this work to your attention?

What concerns you about this work? (Use opposite side or additional pages if necessary.)

Did you read, view, or listen to the entire work?

To what do you object? Please be specific.

Are you aware of the judgment of this work by critics?

What would you like us to do about this work?

Re-evaluate it. \_\_\_\_\_ Withdraw it from the collection. \_\_\_\_\_ Other:

What works would you recommend to provide additional information and/or other viewpoints on this topic?

Signature: \_\_\_\_\_