

# West Allis Public Library Request for Reconsideration of Library Material

## Material

Type of Material (book, magazine, film, etc.): \_\_\_\_\_

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

Author: \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

## Details

Have you read the West Allis Public Library's Collection Development Policy? Yes \_\_\_ No \_\_\_

Did you read, hear, or see the entire work? Yes \_\_\_ No \_\_\_

Describe briefly what you perceive to be the problem with the material.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What within the material do you object? (Please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What age group would you recommend the material? \_\_\_\_\_

What would you like the library to do about the material?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Staff use: Received by: \_\_\_\_\_ Date: \_\_\_\_\_