

St. Helena Public Library

REQUEST FOR RECONSIDERATION **OF LIBRARY MATERIALS**

Library patrons may request reconsideration of a selection decision or classification of library material by submitting this form. Completion of this form is the first step in this procedure. Please return the completed form to: Library Director, St. Helena Public Library, 1492 Library Lane, Saint Helena, CA 94574.

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Library Card: _____ Email: _____

Are you speaking on behalf of an organization or group? (check one) ☐ Yes ☐ No

If yes, what group or organization? _____

1. Type of resource on which you are commenting:

_____ Book (eBook) _____ Magazine _____ Digital Resource
_____ Newspaper _____ DVD _____ Audio Recording
_____ Other:

Title: _____

Author/Producer: _____

2. What brought this resource to your attention?

3. Have you examined or read the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Have you read any reviews regarding this resource? If so, which one(s)?

6. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?