

**Scenic Regional Library
Request for Reconsideration of Resource**

This form must be completely filled out to be considered a valid request to be addressed by the library.

Name: _____

Address: _____

Phone: _____ Email: _____

1. Do you represent yourself? Y/N
2. Do you represent an organization? Y/N
3. If yes, list the name of the organization: _____
4. Have you read and understand the library's Collection Development Policy? Y/N
5. Resource on which you are commenting:

___ Book/e-book	___ Audiobook/e-audiobook	___ Magazine
___ Digital Resource	___ Newspaper	___ Movie/DVD
___ Music recording/CD	___ Library Program	___ Display
___ Other		

Title: _____

Author/Presenter: _____

6. What brought this resource to your attention? _____
7. Have you read, viewed, or listened to the entire resource? Y/N

If not, what sections did you review? Please be specific, including page numbers, etc.

8. What concerns do you have about the resource? Please be specific.

9. What action are you requesting the Library to consider? Please explain.

The Library Board has delegated responsibility of reconsideration to a committee consisting of the Library's professional staff. The item, program, or display being reconsidered will remain available to the public during this process. The decision of the committee will be sent to you in writing and published on the library's website. The library's Board of Trustees will also be informed of the committee's decision.

Date:_____ Signature: _____

Adopted June 20, 2023