Materials Reconsideration Request Form

PLEASE PRINT INFORMATION: Date: ____________________

Library / Branch: ____________________

Title: ____________________

Author: ____________________

Publisher (if known): ____________________

ISBN (if known): ____________________

Request Initiated By: ____________________

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Address       City       State       Zip       Telephone (Day)

Is concern voiced by group or self? (circle one) GROUP or SELF

Concern(s) with Material: ____________________

________________________

________________________

________________________

________________________

Did you read entire book (material)? _______________ If not, what parts did you read? _______________

Are you aware of any reviews for this book (material)? ______________

Please cite: ____________________

________________________

________________________

________________________

________________________

Is there anything else you would like us to know about the material? ____________________

________________________

________________________

________________________

Signature: ____________________

Please submit to: Richmond Public Library
Attn: Collection Development Office
101 East Franklin Street
Richmond, Virginia 23219

Adopted: June 2005
Reviewed: January 2012