



Materials Reconsideration Request Form

SECTION: 12.3.b

PLEASE PRINT INFORMATION:

Date: _____

Library / Branch: _____

Title: _____

Author: _____

Publisher (if known): _____

ISBN (if known): _____

Request Initiated By: _____

Last **First** **MI**

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