

Request for Reconsideration of Library Materials

If you wish to request reconsideration of a title owned by the Osceola Library System, please complete this form and the request will be sent to the Library Director.

Date: _____

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Check one that applies:

Do you represent yourself? Or an organization?
Name of Organization: _____

1. Type of material on which you are commenting:
 Book (e-book) Movie Magazine Audio Recording
 Digital Resource Game Newspaper Other

Title: _____

Author/Producer: _____

2. What brought this title to your attention?

3. Have you read/viewed/listen to the title in its entirety? If not, what sections did you review?

4. What concerns you about the title/to what do you object? (please cite specific content)

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

6. What action are you requesting the Library consider?
