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?
   ____________________________________________________________