

RECONSIDERATION FORM

Name:

Address:

Phone:

Email:

Do you represent yourself?

Or an organization?

If organization, name of organization:

Resource on which you are commenting
(title/author/description):

Item barcode #

What brought this resource to your attention?

Have you examined the entire resource? If not, what sections did you review?

What concerns you about the resource?

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

What action are you requesting the library consider?

Signature:

Date:
