

Mesa County Libraries
CITIZEN'S REQUEST FOR RECONSIDERATION OF MATERIAL

Name of person filling out form: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Complainant represents: Her/Himself Other Individuals: _____

Organization: _____

Title of Material: _____

Author _____ Publisher: _____

Type of Material (e.g., book, DVD, etc.): _____

(Use back side of form if necessary to complete the following):

1. What do you object to in the material? (Please be specific, citing pages or location.):

2. What do you feel might be the result of exposing people to this material?:

3. For what age group (if any) would you recommend this material? _____

4. Is there anything good about this material? _____

5. Did you read/hear/view the entire material? Yes No

If no, which parts did you read/hear/view? _____

6. If you have not read the material in its entirety, are you willing to do so prior to the request for re-evaluation? Yes No

7. Are you aware of the judgment of this material by professional critics? _____

8. What do you suggest as a replacement for this material? _____

Signature: _____ Date: _____