



Request for Reconsideration Form

Contact Information

Name: _____ Date: _____
Street: _____ Phone: _____
City, State, ZIP: _____ E-mail: _____
Do you represent a group? _____ If so, name of group: _____

Resource Information

Resource in question:

Book Library Program Display
 Magazine Audio Recording Video/DVD
 Newspaper Electronic Resource/Web Site (please specify): _____
 Other (please specify): _____

Title/URL: _____

Author/Producer: _____

Requested Action

Add it to the Library Shelve it elsewhere Remove it from the Library
 Other (please specify): _____

Please explain how such an action would improve the Library's service to the community:

Details

Use the back of this paper if necessary to answer the following questions:

What in the work do you object to? Please be specific and cite pages if applicable.

Did you review the entire work? If not, then which parts?

Are there, in your judgment, any positive elements in this material? If so, please cite.

What brought this item to your attention?

For what age group would you recommend this item?

Additional comments:

Signature

Signature

_____ Date: _____

Note: You will receive a written response to this request by certified mail from the Library Director within 30 days. After receiving the response, if you feel your views have not been adequately considered or that the Library Director has not taken sufficient or correct action, you may appeal the decision within 30 days of receiving the Director's response by sending a request in writing or by e-mail to the Library Director and request a public hearing in front of the Library Board. Address: VCBC Public Library, 410 Central Ave. N, Valley City, ND 58072 or librarydirector@vcbclibrary.org