

St. Joseph County Public Library

Patron Request For Reconsideration of Library Material

Author: _____ Hard Cover _____ Paperback _____ Other _____

Title: _____

Publisher (if known) _____

Request Initiated by: _____

Address: _____ Telephone: _____

City: _____ Zip Code _____

Patron Represents: _____ Himself/Herself
_____ (name of organization or group)

(If objection is to material other than a book, change wording of the following questions so that they apply.)

1. Have you read the entire book? _____ If not, what parts? _____

2. Why do you disapprove of this book? _____

3. What do you suggest your library do about this book?

4. Can you suggest another book to take its place?

Signature of Patron

Received by Staff Member

Date: _____