

LIBRARY MATERIALS RECONSIDERATION FORM
Print Material

Format: Book () Periodical() Other_____

Author_____ Call #_____

Title_____

1. Did you read the entire work? Yes()No() If not, which parts?_____

2. What specifically do you find objectionable in this work? (Please explain and cite pages.)

3. What do you think could result from other people reading this work?

Reconsideration initiated by_____

(Please Print Name)

Address_____ Phone_____

(Signature)

(Date)

Date Received_____ by_____

(Staff Member)

Elmhurst Public Library, 125 S. Prospect, Elmhurst IL. 60126 (630) 279-8696
(Use other side for additional comments.)

This form is not confidential. The Materials Selection Policy of the Elmhurst Public Library states that the Board of Trustees will be notified of the receipt of all such completed forms.