

Request for Reconsideration

Date _____

Please complete this form and return it to a staff member.

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email _____

Do you represent: yourself an organization? (check one)

201 E Smith Street
PO Box 6
Oxford, IN 47971

What type of material
or service are you
commenting on?

- Book Magazine Library Program Movie
 Display/Exhibit Newspaper Audio recording
 Internet Resource/Site Other (brief description)

What item/program/
display/exhibit are you
commenting on?

If commenting on an item, what is the title and author/performer/producer?

If commenting on a program/display/exhibit what is the title and the date?

How did this title/event/
display/program/exhibit
come to your attention?

(Recommended by a staff member, review, friend's recommendation, found on shelf, visited library, library calendar announcement, publicity announcement, etc.)

Did you read or listen to
the entire work, stay for
the entire program, or
view the entire display?
If not, which selection
or part did you read or
view?

What is it that you find
objectionable? Please
be specific; cite pages,
excerpts, or scenes
whenever possible.

Staff use only:

Agency _____

Staff Initials _____

Thank you for your comments. A member of our Staff will contact you regarding your concerns. Please use the back of this page for further comments if necessary.