



Kendallville Public Library

Providing access to information...for life.

Request for Reconsideration of Library Materials

Contact Information

Printed Name: _____ Signature: _____ Date: _____

Address: _____ City/State: _____ ZIP: _____ Noble County Resident? Yes No

Phone Number: _____ Email: _____

Who do you represent? (Select one) Yourself Organization: _____

Reconsideration Resource

What type of material are you requesting for reconsideration? (Circle one)

- | | | |
|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Audiobook/CD | <input type="checkbox"/> Magazine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Book | <input type="checkbox"/> Display | |
| <input type="checkbox"/> DVD/Video | <input type="checkbox"/> Newspaper | |

Title: _____ Author: _____

Call Number or Spine Label: _____ Copyright Date: _____

Reconsideration Details

1. How did you become aware of this resource? _____

2. Did you read/listen/view this resource in its entirety? If not, what portions did you view? _____

3. What concerns do you have about the resource? _____

4. How would you like the library to respond to your request? _____

Thank you. Your request will be reviewed by the Library Director, and you will be notified of a decision.