

**LAKE COUNTY PUBLIC LIBRARY**  
**Patron Request for Reconsideration of Library Materials**

Patron Name: _____	
Address: _____	
_____	
Telephone _____	Library Card No. _____
Patron represents: _____ Self	
_____ Organization/Group Name _____	

Material objected to is a	_____ Book	_____ DVD/Video
	_____ CD	_____ Other _____
Title of Material _____		
Author (if applicable) _____		
Publisher & Date (if known) _____		
Library Location _____		

1.	To what in the material do you object? (Please be specific; cite pages, counter numbers, etc.)
_____	
_____	
_____	

2.	What do you feel might be the result of reading, listening to or viewing this material?
_____	
_____	
_____	

3.	For what age group would you recommend this material?
_____	

4.	What is good about this material?
_____	
_____	
_____	

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5.	Did you read / listen to / view the entire material? _____ If not, what parts? _____ _____ _____
6.	Are you aware of the judgment of this material by critics and reviews? _____ _____ _____
7.	What do you believe is the theme or purpose of this material? _____ _____ _____
8.	What would you like the library do about this material? _____ _____ _____
9.	In its place, what material of equal quality, or on the same subject matter, would you recommend for the library? _____ _____ _____

\_\_\_\_\_  
Patron Signature

\_\_\_\_\_  
Date