



Citizen's Request For Reconsideration of NON-PRINT Material

Date _____

Format: DVD _____ Audio Book _____ Music CD _____ Other _____

Film, Television or Music Title: _____

Your name: _____

Telephone: _____ Address: _____

City: _____ Zip Code: _____

You represent:

_____ Self

_____ Name of group or organization _____

1. To what in this item do you object: (Please be specific) _____

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

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

4. Did you view/listen to the entire material _____ What parts? _____

5. Is there anything good about it? _____

6. Are you aware of the judgment of this material by critics? _____

7. What do you believe is the theme of this material? _____

8. What brought this item to your attention? _____

9. What would you like the Library to do about this material? _____

10. In its place, what item of similar content would you recommend? _____

11. Have you read the Lorain Public Library System Collection Management Policy as stated on our website? _____

Your Signature

Staff person taking request _____

Comments: _____

Database # _____