

REQUEST FOR RECONSIDERATION

Randolph County Public Library
201 Worth Street
Asheboro, NC 27203

Title_____

Book_____ Periodical_____ Other_____

Author_____

Publisher_____

Request initiated By_____

Address_____

City_____ State_____

Zip_____ Telephone_____

Request made on behalf of _____ Yourself
_____ An organization (name)_____
_____ Other group (name)_____

1. Did you read/view the entire work?_____

2. What is your objection? Please be specific. Cite pages.

3. What is positive about the work?_____

4. What do you feel might be the result of reading/viewing the material?

5. For what library patrons would you recommend this work?

6. What do you believe is the theme of this work?

7. What resource(s) do you suggest to provide additional information on this topic?

8. Action requested:

____ Review by the Director to determine if it fits Collection Development Policy

____ Other.

Explain. _____

9. In its place, what work would you recommend that would convey as valuable a perspective of the subject treated?

SIGNATURE

_____ DATE _____