

MORGAN COUNTY PUBLIC LIBRARY

## REQUEST FOR RECONSIDERATION

| Patron Name:   |                  |   |
|--|------------------|---|
| Address:   |                  |   |
| City:  | Zip:             | Phone:  |
| Library Card #: Orga   | nization Repr    | presented (if any):                           |
| Resource Type:  Print Material □ DVD/Audio/CD □  Display/Exhibit □ Program □             |                  | onic Resource                                 |
| 1. Title/Description:  |                  |   |
| 2. Author/Producer/Performer:  |                  |   |
| 3. Have you read MCPL's Collection Development Policy? Yes $\ \square$ No $\ \square$    |                  |   |
| 4. What brought this title/display/program t   | to your attent   | ntion?  |
|  | -                | Please be specific and provide examples (page |
|  |                  |   |
|  |                  |   |
| 6. If you have concerns about a title or prog (If not, we may choose to not respond.) Ye | · ·              |   |
| 7. For what age group would you recommer   | nd this title/d  | display/program?                              |
| 8. What would you like the library to do abo   | out this title/d | display/program?                              |
|  |                  |   |
|  |                  |   |
| Patron Signature   |                  | Date  |

Please submit this form by email to kristaq@morgancountylibrary.info or to any Morgan County Public Library location. Your request will be carefully considered and you will receive a written response from the Library Director within four weeks of receipt. You may appeal the Director's decision to the Library Board of Trustees at the next regular meeting. All reconsideration requests about library resources are viewed in the context of the collection development policy. The decision on all reconsiderations of a specific item, program, or display will remain in effect for three years.