Request for Reconsideration

The Montrose Regional Library District values the opinions of all members of the community. If you are concerned about a specific library resource, please complete this form in its entirety and return it to a staff member. You must be a resident of the Library District and must include your name and contact information. Your request will result in a re-evaluation of the resource by library staff. The Library Director will contact you within one month of the date that we receive your request. In case of duplicate items, programs, or displays, all resources will remain in place until a final decision has been made. If an item has already been reviewed, it will not be submitted for reconsideration again.

Name___________________________________________________ Phone__________________________________________
Address______________________________________________________________________________________________
Email______________________________________________________________________________________________

Do you represent: □ yourself □ organization—include name of organization

What type of resource are you commenting on? (Book, DVD, display, program, etc.)__________________________

Title_____________________________________________________________________________________________

Author________________________________________________________

Where did you hear about/see the resource in question?

Did you review the entire material? □ Yes □ No

Please describe your concerns regarding this material:

Is there anything good about this material?

For what age group would you recommend this material?

What action are you requesting the library consider?
  □ Remove from the library
  □ Relocate to another collection area
  □ Other________________________

Patron Signature_________________________________________________ Date________________________

Date received by staff__________________________________________ Staff initials_____________________

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