

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL (PLEASE PRINT)



This form is used pursuant to the Beaufort County Library [Request for Reconsideration Policy](#).

- ☐ I have read/listened to the entire book/series or have watched the entire program.
- ☐ I understand that the library does not censor materials and that the responsibility for minors' use of these materials rests with their parents/guardians.

Title _____

Author _____

Publisher (if known) _____ Format _____

Request Initiated By (Name) _____

Phone _____ Street Address _____

City _____ State _____ Zip _____ Email _____

Who do you represent? ☐ Self ☐ Dependent Library Card Number _____

1. Please indicate how you believe this material does not meet the Library's [Collection Development Policy](#) criteria. (Be specific: cite pages; use the back of this form if necessary.)

2. What brought the material to your attention?

3. What do you suggest the Library do about this material?

4. How would your suggestion improve the library's service to the community?

5. Do you have a suggestion for a similar title that you would recommend for use in the Library?

Signature _____ Date: _____

Rec'd by Staff Member (Name): _____ Date: _____

Rec'd by Branch Manager (Name): _____ Date: _____