Teinert Memorial Library

Citizen's Request for Reconsideration of Library Material

| Title of Material: | |
|---|-----------|
| Author: Call | Number: |
| Format (circle one): Book eBook Audio Book CD DV | /D Other |
| Your Name: Te | elephone: |
| Address: | |
| Group you represent (if any): | |
| Did you examine the entire work? If not, what parts? | |
| Specifically, to what in the material do you object? | |
| | |
| | |
| What do you believe is the purpose of this material? | |
| | |
| Is there anything useful or good about this material? | |
| | |
| What prompted you to use this material? | |
| | |
| For what age group would you recommend this material? | |
| What would you recommend to replace this material? | |
| | |
| | |
| Your Signature: | Date: |