PIKES PEAK LIBRARY DISTRICT
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Title of Material to be Reconsidered: ___________________________________________________

Author of Material to be Reconsidered: __________________________________________________

Did you read or view the entire work? Yes: ______ No: _______ Amount: ____________________

What is objectionable about the material, and how do you expect it to affect the users of the Library? (Be specific; cite page numbers or other particular references. Use back of form if necessary.)
_________________________________________________________________________________
_________________________________________________________________________________

Is there anything positive about the material as a whole? (Be specific; cite page numbers or other particular references. Use back of form if necessary.)
_________________________________________________________________________________
_________________________________________________________________________________

Have you consulted an evaluation of this work by experienced critics?  No: _________ Yes: _______
(If "Yes", please cite): _______________________________________________________________

What are your specific recommendations to the Library regarding this work?
_________________________________________________________________________________
_________________________________________________________________________________

Would you recommend this material for a specific age group? ________________________________

If you are suggesting removal of the item, what work of equal value do you recommend for replacement?
____________________________________________________________________

Received By:     _______________________________________ Branch: ______________________

The Pikes Peak Library District values the opinions of all members of the community.

Please be advised that this completed form will appear in the Pikes Peak Library District’s Board of Trustees Report which is a public document.

Name: _______________________________________ Library Card Number: ___________________

Address: ___________________________________________ Phone: ______________________

Representing: Self: _____ Organization (Name): ___________________________________________

Signature: _____________________________________________ Date: _______________________

Pikes Peak Library District
P.O. Box 1579
Colorado Springs, CO 80901
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