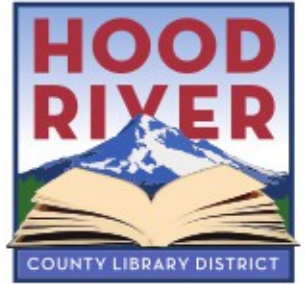


Request for Reconsideration of Library Material



Title: _____

Author/publisher: _____

Format: Printed book Movie Audio Periodical E-resource Other

Patron's name: _____

Address: _____

Telephone: _____ Email: _____

Patron represents (please check one): Self Organization

Name of organization (if applicable): _____

Please answer the following questions to the best of your ability..

1. To what specifically in the material do you object?

2. What do you feel might be the result of reading, viewing, or listening to this material?

3. For what age group would you recommend this material?

4. Is there anything good about the material?

502 State Street
Hood River - OR 97031

541 386 2535

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5. Did you read, view, or listen to the material in its entirety? If not, what parts did you examine?

6. Are you aware of the judgment of this material by professional reviewers and scholars?

7. What do you believe is the theme of this material?

8. What do you see as the purpose of this material?

9. What would you like the District to do about this material?

10. What other material, serving substantially the same purpose, would you recommend in place of this material?

Please return this form, with the date and your signature written below, to the Hood River County Library District at 502 State St., Hood River, OR 97031, info@hoodriverlibrary.org. If you have questions, please call us at 541-386-2535.

Signature of patron

Date