

**Request for
Reconsideration of Library
Materials**

Appendix 2B

Issued: 1/20/2010
Reviewed: 2/25/14
Updated: 2/21/2018
Approving Authority: Plainfield
Public Library District Board of
Trustees

Book Periodical Audio Visual Material Other

Title: _____

Author: _____

Publisher: _____

Name of Person filling out form: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Do you represent (check all that apply):

- Yourself
- An organization (name of): _____
- Other group (name of): _____

INFORMATION ABOUT THE WORK

1. To what in the work do you object? (Please be specific. Cite pages)

2. Did you read/view the entire work? Yes No

3. What do you feel might be the result of reading/viewing this work?

4. For what age group would you recommend this work?

5. What do you believe is the theme of this work?

6. Are you aware of judgments of this work by literary critics?

7. What would you like your library to do about this work?

8. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

Signature

Date

SUBMIT COMPLETED FORM TO:

Plainfield Public Library District
Attn: Library Director
15025 S. Illinois Street
Plainfield, IL 60544