Gunnison County Libraries
Request for Reconsideration of Materials Form

All completed forms must be submitted to the Library Director

Name: _____________________________________________________________

Address: __________________________________________________________

City: __________________ State: ______ Zip: ______ Phone: ______

Title of Material: ___________________________________________________

Author: __________________ Publisher: ________________________________

Type of Material (book, DVD, etc): _______________________________________

1. What do you object to in the material? Please be specific, cite pages.
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

2. What do you feel might be the result of exposing people to this materials?
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

3. Is there anything good about this material?_______________________________

4. Did you read/hear/view the entire material? _____________________________
   a. If no, which parts did you read/hear/view?___________________________

5. If you have not read/heard/viewed the material in its entirety, are you willing to do so prior to the request for re-evaluation?______________________________

6. Are you aware of the judgment of this material by professional critics?________

7. What do you suggest as a replacement for this material?___________________

Signature_________________________________________Date:_____________________
