

**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: \_\_\_\_\_