Request for Reconsideration of Library Materials Portage Public Library

Your N	Name:Date:	
Addres	ess:Phone:	
Organi	nization:	
Authoi	or/Artist:	
Title: _		
Area o	of the Collection:	
	e briefly answer the following questions about the item that you would like to have sidered. Use the back of this form if necessary.	
1.	Did you obtain the item at the Portage Public Library or did you place it on hold to be delive by the South Central Library System?	red
2.	How did you learn of this item?	
3.	What are your concerns with this item?	
4.	Did you read/listen to/view the work in its entirety? If not, what parts did you read/listen to/view?	
5.	Have you read any professional reviews of the work? If so, please list the names of critics an sources of reviews.	ıd
6.	What do you think are the main ideas of the work or what was the author's/artist's purpose creating this work?	in
7.	What suggestion do you have for a work with a similar purpose to replace this item?	
8.	What action would you like to request with regards to this material?	
	k you for taking the time to fill out this form. The Library Director will respond to your conce on 10 business days of the receipt of this form.	rns

Signature and Date