



### Citizen's Request for Reconsideration of Library Resources

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you represent:  Self  Group (*name of group*): \_\_\_\_\_

Title of Item: \_\_\_\_\_

Author/Composer/Director: \_\_\_\_\_

Media Type:  Book  Audiobook  DVD  Music CD  Magazine  Newspaper

Book Pac Kit  Website link  Library program  Other: \_\_\_\_\_

What brought this resource to your attention?

Have you examined the entire resource? (Y or N) If not, what sections did you review?

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What concerns you about the resource?

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Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

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What action are you requesting the Ouachita Parish Public Library Board to consider?

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Signature: \_\_\_\_\_

*By typing your name you are agreeing that it is to be used just as if you had signed the line in ink.*

Staff name(s) receiving form: \_\_\_\_\_ Date: \_\_\_\_\_

(Adapted from a form suggested by the American Library Association.)