



GLENCOE PUBLIC LIBRARY

Request for Reconsideration of Library Materials/Resources Form

Date of request: _____

Are you a Glencoe resident? Yes No

Have you read the Glencoe Library's Collection Development Policy? Yes No

Requestor represents: Self Organization _____

Name _____

Address _____

Email Address _____ Phone number _____

Signature _____

Resource on which you are commenting:

Title _____

Author/Artist _____

Format: Book ____ Audio ____ Video ____ Other ____

Local Call Number: _____

Did you read/view/listen to the entire work? Yes No

What brought this resource to your attention?



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Please express your concern about this material, offering specific examples if possible.

What action are you requesting that the library take on this material?

Additional Comments:
