



Request for Reconsideration of Library Materials

Springfield-Greene County Library District

We appreciate your concerns and welcome your comments. If you would like a written response, please include your name and address below.

1. What kind of material are you commenting on? (e.g. book, DVD, magazine, pamphlet, etc.)

2. Please provide the following information on this material:

Title _____

Author _____

Copyright date _____ Publisher/Producer _____

3. Please describe what you find objectionable (be specific, citing page numbers, etc.):

4. Have you read, viewed or listened to the entire work?

Yes No If not, which parts have you read? _____

5. Would you recommend this material for a different age group or location? If so, please specify.

6. Can you suggest other material to take its place? _____

7. What other comments would you like to make? _____

Print your name: _____ Phone: _____

Address: _____

Your signature: _____ Date: _____

**Mail to: Executive Director, Springfield-Greene County Library District
4653 S. Campbell Ave., Springfield, MO 65810**

FOR STAFF USE ONLY:

Staff member:	Date received:	Date forwarded:
Branch/Department Manager:	Date received:	Date forwarded:
Collection Services Coordinator:	Date received:	Date forwarded:
Executive Director:	Date received:	Date of response: