

# Adams County Library

## Request for Consideration Form

Request initiated by (*your name*): \_\_\_\_\_

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

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

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

*Please use additional sheets as necessary*

Do you represent: \_\_\_\_\_ yourself? \_\_\_\_\_ an organization? Provide name:

Item I wish to have considered for removal or restrictions:

\_\_\_\_\_ Book or e-book \_\_\_\_\_ DVD \_\_\_\_\_ CD \_\_\_\_\_ Magazine \_\_\_\_\_ Other

Title: \_\_\_\_\_ Author/Producer: \_\_\_\_\_

1. To what in the work do you object? Please be specific; cite page number/ image /article

2. Did you read/ view/listen to the entire work? \_\_\_\_\_ yes \_\_\_\_\_ no  
If not, what parts have you read/viewed/listened to?

3. What do you feel might be the result of someone reading/viewing/listening to this work?

4. In your opinion, does the material have any merit or value?

5. Please list reviews of this work by literary/film/music critics that you have read.

6. What would you like the library to do about this material?

7. In its place, what work would you recommend covers the same subject?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff member receiving request \_\_\_\_\_ Date \_\_\_\_\_