Adams County Library

Request for Consideration Form

Request initiated by (*your name*): _____

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____

Do you represent: ____ yourself?

____ an organization or group?(*please list the group's name*):

_____

1. To what in the work do you object? Please be specific; cite page number(s).

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, is there anything good about this work?

5. Do you know of judgments about this work by literary/film/music critics?
   ____ yes ____no

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

7. In its place, what work would you recommend that would convey the same description and perspective of the subject?

Signature_____ Date_____