## **EXHIBIT A: REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS**

| Name  | Date   | Date |  |
|---|--|------|--|
| Address   |  |      |  |
| City  | StateZip   |      |  |
| Phone   | Email  |      |  |
| Do you represent yourse □ Yes □ No If representing a grou | lf?<br>lp or organization, please identify:                                      |      |  |
| Resource on which you a                                   | are commenting:  |      |  |
| Book  | MagazineAudio Record   | ding |  |
| Display   | Library Program/ EventNewspaper  |      |  |
| Video/DVD   | Electronic information (please specify)  |      |  |
| Other (please spec  | cify)  |      |  |
| Author/Producer:<br>All resources must be re              | ISBN#  |      |  |
| To what in the resourd referencing pages or a ti          | ce do you object? Please be specific by citing examples mestamp (if applicable). | and  |  |
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| 2. What brought this resource to your attention   | า?  |
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| 3. Please comment on the strengths and weal   | knesses of this resource.                   |
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| 4. In its place, what resource of equal quality recommend for use?  | and similar subject matter would you        |
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| 5. What do you believe should be done with  | the resource in question?                   |
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| Please note that this form is considered public Information Act. By signing, you are also affirn entirety and you acknowledge your option to reown child. | ning that you have read the resource in its |
| Complainant signature   | Date  |