



411 South Main Street
Lombard, IL 60148
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Request for Reconsideration of Library Materials

Date: _____

If you have found materials or Library resources about which you have concerns, please complete this form to ensure prompt, complete consideration by Library Staff.

MATERIAL FOR CONSIDERATION

Author/Producer: _____ Publisher: _____

Title: _____

Call number (if any): _____ Date/Edition _____

Type of Material:

Book Magazine/Newspaper DVD/CD Electronic Resource Audio/CD

Other: _____

Did you read, view or listen to the entire work or a portion of the work? All Part None

Please describe your concerns regarding this material:

What specific pages/sections illustrate your concerns?

How did this material come to your attention?

What are you requesting the Library do about this item?

What would you recommend to replace this item that would cover the same subject area?

Additional Comments:

CONTACT INFORMATION

Your Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Organization Represented (if any): _____