Appendix I
Cobb County Public Library
Request for Reconsideration of Library Materials

Request initiated by (your name): __________________________________________

Address: ________________________________________________________________

City: ___________________________ State: ______ Zip: ____________

Phone: __________________________

Title: _________________________________________________________________

Author: ____________________________ Publisher: ____________________________

This is a: __ book __ magazine __ recording __ video __ other: ___________

Do you represent:
____ yourself
____ an organization (name): _____________________________________________
____ other group (name): _____________________________________________

1. To what in the work do you object (please be specific; cite page numbers):

2. Did you read/view/listen to the entire work? ____yes ____no
   If not, which parts have you read/viewed/listened to?

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

4. For what age group would you recommend this work?

5. What do you believe is the theme of this work?

6. Have you read any reviews of this work?

7. What would you like the Library to do about this work?
8. What work would you recommend in place of this material?

Signature ______________________________ Date __________________

Branch: ____________________________________ Staff: __________________

Please return to nearest Cobb County Public Library branch.