

**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.