

**NILES PUBLIC LIBRARY DISTRICT
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL**

Name: _____

Address: _____

Phone: _____ Date Submitted: _____

1. Item to be Reconsidered:

2. Have you read or viewed the entire work? _____yes _____no

3. Reasons for Reconsideration—please be specific. If there are certain passages, provide pagination and phrasing to support your request.

Signature _____

This form, when completed, will be given to the Library Administrator for the Library Board of Trustees.

Staff member receiving: _____

Date: _____