IDAHO FALLS PUBLIC LIBRARY
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

TITLE _____

AUTHOR _____

PUBLISHER _____

TYPE OF MATERIAL (ie: book, visual/audio media, periodical, etc.) _____

1. **What objections do you have to this work? (Please be specific; cite pages.)**

2. **Have you read (listened to/watched) the entire work? _____ If not, what parts did you read (listen to/watch)?**

3. **What is good about this work?**

4. **Have you read or heard any reviews of this work?**

5. **What do you think the library should do about this work?**

6. **To replace this work, what other work would you recommend to provide as valuable a treatment of the same subject?**

Name _____ Date _____

Address _____

Phone _____

Do you represent yourself or a group (please name)? _____

Address and phone number of group _____