Ripon Public Library

Request for Reconsideration of Library Materials

- please print clearly -

Date: __________________________

Name of person filling out this form: ____________________________________________

Address: _____________________________________________________________________

Telephone number and/or email address: _________________________________________

Title of library material: _______________________________________________________

Type of material (audio, video, book, etc.): _______________________________________

1. What is your objection to this item? ___________________________________________

2. For what age group would you recommend this item? _____________________________

3. Is there anything good about this item? _________________________________________

4. Did you read, view or listen to the entire work? _________________________________

5. Are you aware of the judgment of the work by professional critics? _______________

6. What reviews of the work have you seen? _______________________________________

7. What would you like the library to do with this item? _____________________________

Signature: ____________________________________________

Revised April 2011