



Chatham County Public Libraries Request for Reconsideration of Materials

Contact Information:

Your Name _____ Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Email _____

Do you represent a group or organization? Yes No

If yes, please identify: _____

Have you read the Chatham County Public Libraries Collection Development Policy? Yes No

Material for Consideration:

Title _____

Author _____

Publisher _____

Type of Material: Book _____ Magazine/Newspaper _____ DVD _____ Other _____

Have you read or reviewed the entire resource? Yes No

If not, what parts did you read, view, or listen to? _____

Have you read any reviews of this material? Yes No

If yes, please cite which reviews: _____

What concerns you about this material (if a book, cite page numbers; if a film, cite scenes)? _____

How could your concerns about this resource be resolved? _____

Patron Signature _____ Date _____

Received by Staff Member _____ Date _____