**APPENDIX V**

**REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES**

The Board of Trustees of the Milledgeville Public Library has delegated the responsibility for selection and evaluation of library resources to the Director and has established reconsideration procedures to address concerns about those resources. Completion of this form is the first step in those procedures. If you wish to request reconsideration of library resources, please return the completed form to the Director, Milledgeville Public Library, 18 West 5th St. Milledgeville IL 61051

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you represent ;yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Resource on which you are commenting:

\_\_\_\_\_ Book \_\_\_\_\_Video \_\_\_\_\_ Display \_\_\_\_\_Magazine \_\_\_\_\_\_Library Program

\_\_\_\_\_Audio Recording \_\_\_\_\_Internet \_\_\_\_\_Other

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author/Producer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What brought this resource to your attention?

3. Have you examined the entire resource?

4. What concerns you about the resource? (use other side or additional pages if necessary)

5. Are there resources you suggest to provide additional information and/or other viewpoints on this topic?

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_