Berlin Public Library Request for Reconsideration Form



All fields must be filled out for form to be accepted

If more space is need, additional sheets of paper may be attached

2. How did you learn about this material?

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Date			
Name			
Address			
Phone and/or email			
Library Card Number			
I am filling out thiMyself Name of organizat	_		
1. Type of material on which you are commenting (circle one):			
Book		Program	Other
Audio		Digital resource	
Movie		Periodical	
Title:			
Author/Cı	reator:		
Year of Pu	ublication/Creation:		

3. Have you read/listened to/watched the material in full?			
4. What do you believe to be the theme/ main topic of this material?			
5. What concerns you about this material? Include quotations, page numbers, or other specific points of reference when relevant.			
6. What negative effect(s) do you think could occur as a result of somebody reading this book?			
7. Is there other material you would recommend the library replaces this title with that offers a similar but more appropriate approach to the subject matter of this material?			
Signature			
Date			