



Request for Reconsideration of Library Materials

1. MATERIAL

Title: _____

Author: _____ Call Number: _____

Format: Book Audio Book DVD Music CD Magazine Other

2. REQUEST INITIATED BY

Name: _____

Group or Organization (if applicable): _____

Address: _____

City: _____

3. OBJECTION / RECOMMENDATION

This is: Material You Object To Material You Are Recommending

Have you read/viewed the material(s) in question? Yes No

List specific objections or recommendations:

4. ACTION

What would you like the Butler Area Public Library to do about this material?

The Butler Area Public Library Materials Selection Committee will review this request.

Do you wish to be notified regarding the action taken? Yes No

If Yes, please select your preferred method of contact below:

By email address _____ By mail

Signature _____

Date _____

Send form to:

Materials Selection Committee
Butler Area Public Library
218 N McKean Street
Butler, PA 16001