Patron's Request for Reconsideration of Library Materials



		Date		
1.	. NameTe	Telephone		
	AddressCity_		Zip	
2.	2. I represent			
		of book or other material (please include author and call number if possible)		
4.	. What is your concern about this material? (Please be	specific, li	st page numbers/sections)	
5.	5. Did you read, hear, or see the entire content?			
6.				
-	 Have you read the BCLD <u>Materials Selection Policy</u>? 		copy of the BCLD Materials	
	Selection and Access to Electronic Information, Servic		· · ·	
		<u>olicy</u> will be mailed with a response to your request for reconsideration of library		
	materials.		,	
8.	 Do you have additional comments or suggestions for r 	o be included in the		
	llection to provide other viewpoints?			

This form will be reviewed by library staff and you will receive a written response. Please note: your comments are public records. Your name may be disclosed. Your address and phone number will be kept confidential from the general public to the greatest extent allowed by law, including the Oregon Public Records Act and the USA Patriot Act.