

PORT AUSTIN TOWNSHIP LIBRARY

Port Austin, Michigan

CITIZEN'S REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

MATERIAL: (Circle One) BOOK VIDEO AUDIO OTHER

AUTHOR / ARTIST: _____

TITLE: _____

Request Initiated by: _____

Telephone: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Complainant represents: (Check One)

Himself / Herself

Name of Organization: _____

Identify other Group: _____

1. To what in the material do you object ? (Please be specific; cite pages, etc.)

2. What do you feel might be the result of exposure to this material ?

3. For what age group do you recommend this material ? _____

4. Is there anything good about this material ? _____

5. Did you read, listen to, view the material ? _____ What parts ? _____

6. Are you aware of the judgement concerning the critical opinion of this material? YES / NO

RESPONSE FROM THE LIBRARY DIRECTOR: _____

Signature: _____ Date: _____

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Port Austin, Michigan

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