

Salina Library
Request for Reconsideration of Library Materials

If you wish to request reconsideration of library materials, please return a completed form to the library director.

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Do you have a current library card from Salina Free Library? (Y or N) _____

Do you represent yourself? _____ Or an organization? _____

Name of organization: _____

Title of Item: _____

Author/Composer/Director: _____

Format (book, DVD, audio book, eBook, digital resource) _____

What brought this resource to your attention?

Have you examined the entire resource? If not, which sections did you review?

What concerns you about the resource?

Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

What action do you request that the library take on this resource?

Signature: _____ Date: _____