

Request for Reconsideration of Library Collection Materials

Most of the items we add to our collection are done so based on professional evaluation, critical reviews, and the needs of our community. We also understand that not everyone shares the same viewpoints and tastes. By submitting this form, you are asking TADL to remove a particular work or item from the collection because of some objection you have to it. Please be as specific as possible and remember that you must sign and date the form as well (one form per item request).

Name (and/or Organization)
Address
City, State & Zip
Phone Email
Are you a TADL cardholder; or do you live, work, own property, or attend school in our service area? Yes No
In which Library(s) is the item located? \square Main Library \square East Bay Branch \square Kingsley Branc
Please check the material format: Print Audio Video E-Resource Other
Item Title
Author/Performer
Publisher/Producer
<u>I affirm</u> that I have read, listened to, watched, or used the work or item in its entirely
To what in the material do you object? Be specific, citing pages, minutes into a movie, tracks of a CD, etc. (If you need more room, please attach additional sheets)
(nage 1 of 2)

	Initials
•	ing we reconsider. You should expect a written of the library collection item listed on this form our interest in the library. (page 2 of 2)
	In-person at any service desk of the Main Library; ation Request, Traverse Area District Library, 610 Emailed to mhoward@tadl.org.
Printed Name	
Signature	Date
format?	
•	er materials on the same subject and in the same
What do you think might be the result of som	neone using this material?
What did you find worthwhile in this materia	I?