OCONEE COUNTY LIBRARY

REQUEST FOR RECONSIDERATION

Author	
Title	
Book Audio CD Video	
Requests initiated by	
Address	
City State Zip	
Telephone	
Request made on behalf ofYourself	
An organization (name)	
Other group (name)	
1. Did you read/listen to/view the entire work? If not, how much?	
2. What is your objection? Please be specific. Cite pages.	
3. What is positive about the work?	
4. What do you feel might be the result of reading/listening to/viewing the material?	
(Ov	er, please)

5. For what library patrons would you	recommend this work?	
6. What do you believe is the theme of this work?		
7. What resource(s) do you suggest to	provide additional information on this topic?	
Signature of Patron	Date	
Library Card ID Number	_	
Staff Member Receiving Form	Date	
Any additional comments?		