



Request for Reconsideration of Library Materials

1. MATERIAL

Title: _____

Author: _____

Format: Book Magazine Audio Book DVD/Video Music CD Other

2. REQUEST INITIATED BY

Name: _____

Group or Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. OBJECTION / RECOMMENDATION

This is: Material You Object To Material You Are Recommending

List specific objections or recommendations:

4. ACTION

What would you like the Free Library to do about this material?

A Free Library staff member will review this request.

Do you wish to be notified regarding the action taken? Yes No

If Yes, please select your preferred method of contact below:

By email address _____

By mail

Signature

Date

Send form to:

Materials Management Division
Attn: Request for Reconsideration
Free Library of Philadelphia
2000 Hamilton Street, Suite 201
Philadelphia, PA 19130