## Stanwood Public Library Request for Reconsideration of Library Materials Form

Date:			
Name:			
Address:			
Phone:			
Do you represent yourself?Or an o	organization?Nar	ne of Organizaton	
Type of Material:			
Book (e-book)	Magazine	Digital Resource	Newspaper
Movie	Audio Recording	Game	Other
Title:			
Author/Publisher:			
What brought this resource to your atte			
Have you examined the entire resource	? If not, what section di	d you review?	
What concerns you about the resource?	? Why? (Please be speci	fic)	
Are there resources you suggest to prov	vide additional informat	ion, or viewpoints, on this top	ic?
What action are you requesting the boa			
virial action are you requesting the boa	THE CONSIDER OF HOW CALL	your concerns be resolved!	
Patron Signaturo:			
Patron Signature:			
Library Director Signature:		Date Received:	
For library use only: Board Review Date:	Decision		Patron Notified: