JOHNSON COUNTY LIBRARY

Request for Reconsideration of Library Materials

Title _____

Author (if appropriate) _____

Request initiated by _____

Telephone _____ Address _____

City _____ Zip _____

Library _____ Date _____

If the item is already in the collection, please answer the following questions:

1. To what in the item do you object? (Please be specific)

_____

_____

_____

_____

_____

_____

_____

_____

2. Did you read or view the entire item? If not, which portion did you read or view?

_____

Within 20 days after this form is submitted, the Collection Development Manager will respond in writing to you regarding your request.