Saint Joseph Parish Library

Request for Reconsideration Form

Type of Resource:

- [ ] Book
- [ ] CD / DVD
- [ ] Other

Title: ___________________________________________________________________________________

Author / Publisher / Producer: ___________________________________________________________________________________

If sufficient space is not provided, attach additional sheets. Please sign each additional attachment.

What brought this resource to your attention?

Have you read this book, viewed this DVD, or listened to this CD in its entirety?

Please comment on the specific aspects of the materials to which you object. (Be specific: cite pages or locations.)

What resource(s) do you suggest to provide alternative coverage of this subject?

Your name ________________________________________________________________ Date__________________

Telephone_________________________________ e-mail ______________________________________

Please return this form to the St. Joseph parish office. Thank you.