

**Request for Reconsideration of Library Material Form  
North Castle Public Library**

This Request for Re-Evaluation is governed by the Library's Collection Management Policy and the Library's current procedures for Selection and Cataloging.

If you wish to request reconsideration of a resource, please return the completed form to the Library Director.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

1. Title \_\_\_\_\_

Author \_\_\_\_\_

2. Basis of Concern (select all that apply):

- Does not meet current Selection Criteria
- Improperly Cataloged (please note specific issue):  
\_\_\_\_\_
- Does not fall within needs of community

3. Have you examined the entire resource? If not, what sections did you review?

\_\_\_\_\_

4. What concerns you about the resource?

\_\_\_\_\_

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

\_\_\_\_\_

6. What action are you requesting?

\_\_\_\_\_

Signature \_\_\_\_\_