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):
   o Does not meet current Selection Criteria
   o Improperly Cataloged (please note specific issue):
     ______________________________________________________________________
   o 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 _____________________________________________________________