

Request for Reconsideration of Library Materials



Please fill out this form in its entirety with your concerns. Your comments will be examined in the context of the Library's Collection Development Policy (available at www.spartanburglibraries.org), and you will receive a response from the County Librarian. There is a limit of one active request at a time.

Name: _____ Date: _____

Address: _____

Phone #: _____ Email: _____

Title: _____

Author: _____

Located at Library Branch: _____

1. What brought this material to your attention?

2. Did you examine, read, or use the **entire** item? _____

3. Please comment on the particular concern you have with this material and the material as a whole (use reverse side if needed).

4. Based on the Library's Collection Development Policy, do you feel the material is appropriate for the Library and is shelved in the appropriate location within the Library? Please explain.

***** Please note that titles are reviewed once during a 12-month period. *****

OFFICE USE ONLY: Please forward all forms to Library Administration.

Received by: _____ Date Sent to Co. Librarian: _____

Date Received: _____ Date Response Sent: _____ Email Mail Other