Request for Reconsideration of Library Materials Portage Public Library

Your Name:		Da	Date:/			
Address:		Pho	Phone:			
Autho	hor/Artist:					
Title:	e:					
	ase briefly answer the following questions about the back of this form if necess		you wou	ıld like to	have	
1.	 Did you obtain the item at the Portage Pub by the South Central Library System? 	lic Library or did	you place	e it on ho	d to be delivered	
2.	2. How did you learn of this item?					
3.	3. What are your objections to this item?					
4.	4. Did you read/listen to/view the work in its to/view?	entirety? If not, v	what part	s did you	read/listen	
5.	Have you read any professional reviews of sources of reviews.	the work? If so, p	olease list	the nam	es of critics and	
6.	6. What do you think are the main ideas of th creating this work?	e work or what w	vas the au	uthor's/a	tist's purpose in	
7.	7. What suggestion do you have for a work w	ith a similar purp	ose to re	place this	item?	
8.	8. What would you like the library to do with	this material?				
	nk you for taking the time to fill out this form nin 10 days of the receipt of this form.	. The Library Dire	ector will	respond	to your concerns	
					Signature and Date	