

**Oregon Public Library
Request for Reconsideration Form**

A copy of this request form (without identifying patron information) will be mailed to the American Library Association Intellectual Freedom Committee.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do you represent a group? Yes / No If yes, please identify: _____

Do you live within the South Central Library System? Yes / No If yes, which county? _____

Item Barcode Number:

Title / Author of Item:

What concerns you about this item?

Have you read or listened or viewed the entire contents of this item? If not, what parts?

What action would you like the library to take?

Additional comments:

Patron Signature _____ Date _____

Please return this signed form to the Oregon Public Library, Attn: Library Director