



TOM GREEN COUNTY LIBRARY SYSTEM
Request for Reconsideration of Library Materials/Resources Form

Date _____

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

Do you represent self? Or an organization?

Name of Organization _____

Resource on which you are commenting:

Book/eBook) Movie Magazine Audio Recording Digital Resource Game
Newspaper Other

Title: _____

Author/Producer: _____

What brought this resource to your attention?

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 for consideration?

