

Cobb County Public Library
Request for Reconsideration of Library Materials

Request initiated by (your name): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Title: _____

Author: _____ Publisher: _____

This is a: ____book ____magazine ____recording ____video ____other: _____

Do you represent:

____yourself

____an organization (name): _____

____other group (name): _____

1. To what in the work do you object (please be specific; cite page numbers):

2. Did you read/view/listen to the entire work? ____yes ____no

If not, which parts have you read/viewed/listened to?

3. What do you feel might be the result of reading/viewing/listening to this work?

4. What would you like the Library to do about this work?

Remove ☐

Relocate ☐

Other _____

Signature _____ Date _____

Branch: _____ Staff: _____

Please return to nearest Cobb County Public Library branch.