



## Request for Reconsideration of Material

Please print. Your comments are important to us.

Branch: ☐ Central ☐ East Columbia ☐ Elkridge  
☐ Glenwood ☐ Miller ☐ Savage

Collection: ☐ Adult ☐ Teen ☐ Children

Type: ☐ Book/ e-book ☐ Audiobook ☐ Newspaper  
☐ DVD ☐ Magazine

Title: \_\_\_\_\_

Author: \_\_\_\_\_

1. What brought this title to your attention? \_\_\_\_\_
2. Have you examined the material in its entirety? ☐ Yes ☐ No If not, what parts have you examined?

3. Please comment on this work, as a whole and specifically, on those matters which concern you.

4. What have critics and reviewers said about the material? \_\_\_\_\_

5. What would you like HCLS to do about the material? \_\_\_\_\_

Name: \_\_\_\_\_  
*First name Middle Initial Last Name*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Whom do you represent? ☐ Myself ☐ Organization (specify below) ☐ Other (specify below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_