



Bethany Library Association

REQUEST FOR RECONSIDERATION OF MATERIALS

Date: _____

Clark Memorial Library Card Number (14 digits): _____

Title of Work: _____

Author: _____

Format (Book, periodical, DVD, etc.): _____

Publisher: _____

Request initiated by:

Name: _____

Address: _____

Telephone: _____

Email: _____

Do you represent (check one):

Yourself An Organization (name) _____

Did you read, view, or listen to the entire work? Yes No

What are your concerns about the material? (*Required)

What action do you propose? (*Required)
