

**GAIL BORDEN PUBLIC LIBRARY DISTRICT  
Elgin, Illinois**

FORM III

REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCE

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

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

Publisher or Distributor: \_\_\_\_\_

Request Initiated by: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Request represents: \_\_\_\_\_ Individual

\_\_\_\_\_ Organization, list name \_\_\_\_\_

\_\_\_\_\_ Other, list name \_\_\_\_\_

1. Have you read or viewed the entire work? \_\_\_\_\_

If not, what parts? \_\_\_\_\_

2. To what in the resource do you object? (Please be specific; cite pages or sections)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What good or valuable features do you find in the resource? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What do you believe is the theme of this work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What do you feel might be the result of reading or viewing this resource? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have you read any reviews of this resource? \_\_\_\_\_

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

7. Do you think this resource would be more appropriate for a different age group?  
Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What would you like the library to do about this resource? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Can you recommend other resources that would convey as valuable a picture  
and/or perspective of the subject treated? Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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