

Date _____

REQUEST FOR RECONSIDERATION OF A BOOK

(Reviewed by Trustees of the Miami Public Library 03/2011)

Author _____

Title _____

Name of requester _____

Address _____

Patron represents: _____Himself/Herself _____Group

1. To what do you object: (Please be specific; cite pages, etc.)

2. Did you read the entire book? _____Yes _____No

If not, what parts did you read? _____

3. Would you recommend this book for a different age group?

4. What do you feel might be the result of reading this book?

5. COMMENTS: Please give your reasons for requesting that this book be reconsidered for the library collection. We appreciate any help that you can give us for evaluation. _____

