



TOM GREEN COUNTY LIBRARY SYSTEM
Request for Reconsideration of Library Materials/Resources Form

Date _____

Name and card # _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

Do you represent self? Or an organization?

Name of Organization _____

Resource on which you are commenting:

Title _____

Author _____

What brought this resource to your attention?

Have you read the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting for consideration?

