



OAKLAND PUBLIC LIBRARY

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Book _____ Magazine/Newspaper _____ Other _____
 Title _____
 Author _____
 Publisher _____ Edition _____ Year _____
 In which Oakland Library did you find this material? _____
 Your name _____
 Address _____
 Telephone _____ Do you want a written answer? Yes _____ No _____

Do you represent:

Yourself _____ An organization (name) _____

Other (name) _____

1. What do you object to in this work? Please be specific. List pages and paragraphs, if applicable.

2. Did you read the entire work? If no, what parts? _____
3. What do you believe is the purpose or theme of this work? _____

4. What age group do you think this work would appeal to? _____
5. Have you read reviews of this work? _____
6. What would you like the Library to do about this work? _____

7. If the Library did not own this work, do you have another to recommend? _____

Signature _____ Date _____

(Use the back of this form if necessary)