

REQUEST FOR RECONSIDERATION APPEAL



Members of the community may request that an item in the library collection be reviewed to consider if it should be relocated or removed. To appeal the review committee recommendation, please complete the form below and **submit within 10 days of receiving their decision.** We welcome input from the community and any titles in the collection may be reviewed once every two years. Upon receipt of a Request for Reconsideration Appeal, a committee of two randomly selected Library Advisory Board members and the Library Director will review the decision and review your appeal. The **decision of the appeal committee is final** and will be communicated in writing to the requestor by Library Administration. You are welcome to attach an additional note if you need more room.

Name: _____

Address: _____

City: _____ Zip code: _____

Telephone: _____ Email address: _____

Please identify the item in question and answer the questions that follow:

Author: _____

Title: _____

1. Why do you feel the review committee recommendation should be appealed? (Please be specific; give page numbers)

Signature: _____ Date: _____

Staff Use ONLY:

Accepted by: _____

Location: _____ Date: _____