

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS/PROGRAMS

Name of individual initiating request:		
Library Card Number:		
Address:		
City:	State:	Zip Code:
Phone (H)	(W)	(C)
Email Address:		
Material or program to be	considered:	
Author:		
Format: Book DVD Other	_ Audio Book Music N	lagazine Program
This request being made on be name	ehalf of: self organizati 	on/group
	ct to in this material or prog , i.e. cite pages where poss	ram? sible. Use the back of this form if
For what age group woul	d you recommend this mate	erial?
Did you read, listen	to or view the entire work?	YES NO

lf no, v	what parts did you read, view or listen to?		
What other s 	ources of information did you consult about this material or program?		
Are there oth	ner titles you would recommend in place of this one?		
•	any additional comments you would like to make about this material or		
Signature	Date		
Thank you fo	hank you for your comments. This request will be reviewed by the Library Director.		

You should receive a response as quickly as our process allows.

The decision of the Library Director may be appealed in writing to the Orange County Public Library Board of Trustees. The Board will consider an appeal at the next regularly scheduled Board meeting to which you will be invited to share your views and concerns. The decision of the Board will be final.

(Adopted by the Library Board of Trustees 6/98; amended 3/2006, amended 10/2014, amended 08/2019, amended 02/2022, amended 10/2023)