

Request for Reconsideration of Material Form

The trustees of McKinley Memorial Library have established a Materials Selection Policy and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the attention of Library Director, McKinley Memorial Library, 40 N. Main Street, Niles, OH 44446.

Date _____ Name _____

Address _____

City _____ State/Zip _____ Phone _____

Email _____

Have you read the Materials Selection Policy? ____ Do you represent yourself? ____

Or an organization? ____ Name of Organization _____

1. Resource on which you are commenting: ____ Book (e-book) ____ Movie ____ Magazine ____

Game ____ Audio Recording ____ Digital Resource ____ Newspaper ____ Other (list) _____

Title _____

Author/Producer _____

2. What brought this resource to your attention? _____

3. Have you examined 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 the committee consider? _____
