



Request for Reconsideration Form

Any resident within the Clearview Library District who has concerns about a specific library resource may complete this form to ask for reassessment. The District will follow the outlined procedure in the Request for Reconsideration policy. The requesting party will receive a response from the Manager within 90 days of receipt of the Request for Reconsideration.

Date of Request

Title and Author or Description of Resource (e.g. program, etc.)

What do you find objectionable about this resource? *Please be specific.*

What would you like the library to do about this resource?

Name (First, Last) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Email** _____

Official Use Only

Date Received _____

Employee Name _____

Employee Signature _____