

BRIGHAM CITY LIBRARY

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Description of item:

Author _____
Title _____
Publisher/Producer _____
Date of Publication/Production _____
Type of Material _____

Person or group submitting reconsideration form:

Name _____
Address _____
Telephone _____ Date _____

Please respond to the following questions:

What brought this material to your attention? _____

Did you read/view or review the entire item? _____
If not, please note the section reviewed: _____

To what do you object? (Cite page(s) and/or section(s)) _____

What resources(s) do you suggest to provide alternative information on this subject?

The Board of Directors and the Director of Brigham City Library have authorized the use of this form. Please return this form to the Director of the Brigham City Library.

Approved by Brigham City Library Board July 17, 1996.