

# Eaton Rapids Area District Library

## Reconsideration of Library Materials Form

220 S. Main Street  
Eaton Rapids, Michigan 48827  
517-663-0950

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Type of Material: Book \_\_\_\_\_ DVD/Blu-Ray Disc \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Request Initiated By: \_\_\_\_\_

Represents: Self \_\_\_\_\_ Organization (name) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Have you read, viewed or heard the entire work? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Requestors must have read, heard or viewed the entire work to have the challenge considered.)*

2. What do you believe is the theme and/or major intent of this work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you aware of the judgement of this work by subject specialists or literary critics? Yes \_\_\_\_\_ No \_\_\_\_\_

Itemize:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. What do you find objectionable about this item? (Be specific.)

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5. What do you feel the result of reading, hearing or viewing this work might be?

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6. In its place, what work of equal literary quality would you recommend the Library purchase that would cover the same subject or content?

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Signature

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Date