## **REQUEST FOR RECONSIDERATION**

Type of material or se	ervice		
☐ Book/Ebook	☐ Audiobook/Eaudiobook	☐ Magazine/Newspaper	
$\square$ Video/DVD	☐ Music CD	☐ Library Program	
☐ Other			
Title:			
Author/Presenter:			
Date/Edition:			
Request initiated by:			
Street address:			
City/State:		Zip:	
Email:	F	Phone:	
I represent: ☐ myself	$\Box$ organization/group, please sp	ecify:	
I have read, reviewed	I, or heard the complete work: $\Box$ `	Yes □ No	
Describe your concerns regarding this material or service:			
What specific pages/s	sections illustrate your concerns?		
What action would yo	u like the library to take?		
Signature of requester		Date	

Submit completed form to Library Director, Roseburg Public Library, 1409 NE Diamond Lake Blvd. Suite 100, Roseburg, OR 97470. These comments will be reviewed by the Library Director, and the requester will be notified in writing of the Director's decision.