



Request for Reconsideration of Library Material

Please be aware your request will be reported to the Urbandale Public Library Board of Trustees and will be a matter of public record.

Title _____

Author _____

Format Book Audio Book Music DVD Magazine Other _____

Did you read, hear, or view the entire material? Yes No

If no, what parts did you read, hear, or view? _____

What do you find objectionable about the material? Please be specific by citing passages, scenes, etc. _____

Have you read any reviews of the material? Yes No

If yes, what reviews did you read? _____

What would be a satisfactory resolution to your request, considering others may want to read, hear, or view the material? _____

Are you a resident of Urbandale? Yes No

Name _____

Signature _____

Address _____ Zip code _____

Phone (_____) _____ Email _____

Represents Self Other, please name _____

Date _____ / _____ / _____

Please send completed form to: Director, Urbandale Public Library, 3520 86th Street, Urbandale, IA 50322 or to njanning@urbandale.org