



# Request for Reconsideration of Library Materials

## 1. MATERIAL

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

Author: \_\_\_\_\_ Call Number: \_\_\_\_\_

Format: Book  Audio Book  DVD  Music CD  Magazine  Other

## 2. REQUEST INITIATED BY

Name: \_\_\_\_\_

Group or Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_

## 3. OBJECTION / RECOMMENDATION

This is: Material You Object To  Material You Are Recommending

Have you read/viewed the material(s) in question? Yes  No

List specific objections or recommendations:

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

## 4. ACTION

What would you like the Butler Area Public Library to do about this material?

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

The Butler Area Public Library Materials Selection Committee will review this request.

Do you wish to be notified regarding the action taken? Yes  No

If Yes, please select your preferred method of contact below:

By email address \_\_\_\_\_ By mail

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Send form to:**  
Materials Selection Committee  
Butler Area Public Library  
218 N McKean Street  
Butler, PA 16001