

**APPENDIX 11 PALATINE PUBLIC LIBRARY DISTRICT
RESOURCE RECONSIDERATION FORM**

Title _____

Author/Performer _____

Type of Material ___ Print ___ Non-print

1. Please state your comments on the resource noting your objection(s) as specifically as possible, citing page numbers, scenes, verses, etc.

2. Did you read, listen to, or view the entire book, magazine, DVD, CD, game, or other media? ___yes ___no

3. Did you receive and read the Palatine Public Library District's Collection Management Policy (Policy 7)? ___yes ___no

4. What action, if any, are you requesting be taken regarding your objection(s)?

5. Please list any reviews of this material that you have heard or read.

6. Are you representing any group? If so, please list the name of the group.

7. Additional comments? _____

Name _____

Address _____

Phone _____

Signature _____ Date _____

Please return this form to the Director's office, located on the second floor of the Main Library.

The Board and staff of the Palatine Public Library District appreciate your interest. We will contact you following a review of your comments.

For staff use:

Received by: _____

Date: _____

(Approved by the PPLD Board of Trustees 2-13-08; Revised 3-10-10;
Reapproved 3-14-12; Reapproved 2-12-14; Revised 3-9-16, Effective 4-1-16)