

## Lebanon Public Library Request for Reconsideration Form

*Please fill out this form fully and completely. Use one form per title request. If you need assistance filling out this form, please contact the Library at 513-932-2665.*

### Section I

Request initiated by: _____	Date: _____
Library card number: _____ <i>*Only current Lebanon Public Library cardholders in our service area can complete this Request for Reconsideration form.</i>	
Address: _____ <i>*Please include street number, city, and zip code. The library will verify that you currently reside in our service area.</i>	
Phone: _____	Email: _____
Do you represent (circle one):   Yourself   An organization: _____	

### Section II

Type of item/event (circle one):   Book   Periodical   Book on CD   Downloadable ebook
Downloadable audiobook   Program   Database   Other: _____
Title: _____
Author/Producer/Performer: _____
Item or program is cataloged as/intended for (circle one):   Children   Young Adults   Adults
I have read/listened to/viewed this item in its entirety (circle one):   Yes   No
If no, which part(s) did you read/listen to/view? _____
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_____
_____
_____

**Section III**

What brought this item to your attention? \_\_\_\_\_

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To what in the item/program do you object? Please be as specific as possible (i.e. cite pages, specific scenes/sentences/language, visuals/graphics, subject(s), etc.)

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What do you think may be the result of reading/listening to/viewing the item or attending the program?

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For what age(s) would you recommend this item/program? \_\_\_\_\_

What would you like the library to do about this? \_\_\_\_\_

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*Thank you for taking the time to complete this form. Your interest in having quality materials in the library is greatly appreciated. Please return the fully completed form to:  
Library Director, Lebanon Public Library  
101 South Broadway  
Lebanon, Ohio 45036*