

Request for Reconsideration of Library Materials



120 Navy Street,
Oakville ON L6J 2Z4
Tel: 905-815-2042
opl.ca

Kindly complete all sections of the form below so that collections staff can fully understand your specific concerns regarding the item. Please use a separate sheet if necessary.

1 Request Initiated By		
Last Name	First Name	Middle Initial
Address (Street)		
(City)	(Province)	(Postal Code)
Daytime Phone #	Evening Phone #	(Cell)
Email Address		
I bring forward this request on behalf of:		
<input type="checkbox"/> Myself <input type="checkbox"/> Group/Organization (indicate name):		
2 Material to Be Reconsidered		
Title		
Author/Illustrator/Performer (if applicable)	Publisher (if known)	
Type of material <input type="checkbox"/> Book <input type="checkbox"/> Magazine <input type="checkbox"/> DVD/Video <input type="checkbox"/> CD/Music <input type="checkbox"/> Other		
Details:		
1. Have you read, viewed, or listened to this material in its entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If no, which parts have you read/viewed/listened to? Please be specific.		
3. Please state your specific objections to this work. Cite pages, sections, tracks, etc.		
4. What do you think might result from reading, viewing or hearing this material?		

5. Have you seen/heard any promotions or read any reviews about this work? If so, please identify.

6. What alternative material would you suggest the library include in its place?

7. What would you suggest the library do about this material?

8. Have you read the attached Collection Development Policy? Yes No

9. Further comments:

This request will be reviewed by the Manager, Collection Development, and you will be informed of the decision. Thank you for your comments.

3 Customer Signature: _____ Date: _____

(DD/MM/YYYY)

Internal Use Only:

Date (DD/MM/YYYY)	Received by Staff Member (name and branch)
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