

## Request for Reconsideration Form (5-2023)

Date \_\_\_\_\_

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
2. Borough or Township of Residency: \_\_\_\_\_  
(Requests will be accepted only from residents of our service area.)
3. Do you represent yourself or your child or is this a part of a group or coordinated campaign?  
Individual represents: \_\_\_\_\_ self \_\_\_\_\_ child \_\_\_\_\_ organization. If you represent an organization, please provide the name and contact information:  
\_\_\_\_\_  
\_\_\_\_\_
4. Title of material (please include author or call number if possible):  
\_\_\_\_\_  
\_\_\_\_\_
5. What brought this material to your attention? (Use reverse if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_
6. What is your concern about this material? Please be specific. (Use reverse if necessary.) List pages or sections:  
\_\_\_\_\_  
\_\_\_\_\_
7. Did you read, hear, or see the entire content?  
\_\_\_\_\_  
\_\_\_\_\_
8. What is the theme of the work?  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you reviewed the Meyersdale Public Library's Materials Selection Policy? \_\_\_\_\_
10. Have you read any reviews of this material? \_\_\_\_\_
11. Do you have suggestions for materials to be included in the collection to provide other viewpoints?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

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

12. Your comments will be reviewed by the Library Director. You will receive a written response.

Please note: your comments are public records, however, your name, address, and phone number will be kept confidential.

13. Mail to: Meyersdale Public Library, Attn: Library Director, PO Box 98, 210 Center Street  
Meyersdale, PA 15552.