REQUEST FOR RECONSIDERATION FORM

Library Materials:
The St. Louis Public Library selects materials for its collections in accordance with its Collection Development Policy. Included in this policy are criteria used in selecting materials. If you wish the Library to reconsider a title in the collection, please PRINT this form and complete the following:

Type of Material:  ☐ Book  ☐ DVD  ☐ CD  ☐ Magazine  ☐ Downloadable, Video Game, etc.

Title of Work: ________________________________________________________________

Author/Creator of Work: ______________________________________________________

1. At which St. Louis Public Library location did you find this material? ________________________________

2. Have you read, reviewed, or listened to the entire work? If not, which parts are you familiar? ________________________________

3. In your opinion, what is the overall theme of the work? ________________________________

4. Are you aware of judgements of the work by critics? If so, please provide citations. ________________________________

5. Are there portions of this work to which you specifically object? Please be specific; cite page numbers if print material. ________________________________

6. Why do you feel the library should reconsider this material? ________________________________

7. Can you recommend another work covering the same subject that could be considered for purchase?  ☐ Yes  ☐ No
   If so, please provide title and author/creator. ________________________________________________

Website:
In accordance with Federal and State laws, adult users age 18 and above may request access to a website that has been filtered for bona fide research or other lawful purposes.

URL of website: ________________________________________________________________

1. Why do you feel the Library should reconsider this website? ________________________________

2. Please explain your bona fide research need to access this website. ________________________________

(PLEASE PRINT)

Name: ________________________________  Date: ________________________________

Signature: ________________________________  Do you represent:  ☐ Yourself  ☐ Your child

Address: ________________________________________________________________  ☐ An Organization: ________________________________

Phone: ________________________________  ☐ Other group: ________________________________

Email: ________________________________

To receive a reply, send this completed form to: St. Louis Public Library, c/o Collection Management Services, 1415 Olive Street, St. Louis, MO 63103