

Reconsideration of Library Materials

Your N	ame:	Date:	
Address:I		Phone:	
Email:_			
Author/	Artist: Title:_		
Format	(circle): Book Film Audio Book Music	Game Other	
	Please note: This form must be filled out co question in order to be considered. You ma		
1.	Did you read/watch/listen to the entire item? I to?	f not, what parts did you read/watch/listen	
2.	How did you learn of this item?		
3.	What are your objections to this item? What he reading/viewing/listening to this item?	arm do you feel might result from	
4.	Have you read, viewed, heard, or consulted w so, please list names of critics and sources of	* *	

(over)

5.	What do you think are the main ideas of the work or what was the author's/artist's purpose in creating this work?
6.	What item with a similar purpose, or an opposing viewpoint, would you suggest in place of this item?
7.	If you are not a resident of Sun Prairie or a Sun Prairie Library cardholder, what is your connection to Sun Prairie?