



Request for Reconsideration of Library Materials

1. MATERIAL

Title: _____

Author: _____

Format: Book Magazine Audio Book DVD Music CD Other

2. REQUEST INITIATED BY

Name: _____

Address: _____

City: _____

Phone: _____

3. DO YOU REPRESENT

Yourself

Group or Organization (Please name): _____

4. OBJECTION/RECOMMENDATION

Is This Material: Material You Object To Material You Are Recommending

List specific objections or recommendations:

5. ACTION:

What would you like the Chattanooga Public Library to do about this material?

A Chattanooga Public Library staff member will respond to this request.

How do you wish to be contacted:

By Phone

In Writing

Signature

Date

Send form to:
Chattanooga Public Library
Attn: Request for Reconsideration
1001 Broad Street
Chattanooga, TN 37402