

Request for Reconsideration (Please fill out form in its entirety)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email Address _____
Do you represent self? Organization? If organization, please list: _____

Have you read Pamunkey Regional Library’s Collection Development Policy? Yes No
Have you read Pamunkey Regional Library’s Library-Sponsored Program Policy? Yes No
Have you read Pamunkey Regional Library’s Library Display Policy? Yes No

1. Resource on which you are commenting:
Book Video Magazine Newspaper Audio Recording
Electronic Resource Library Display Library Program Other
Title _____
Author/Producer/Director _____

2. What brought this resource to your attention? _____

3. Have you examined the entire resource? If not, which parts were examined? _____

4. Are you aware of any reviews for this resource? _____
If so, please cite: _____

5. What concerns you about the resource? (use other side or additional pages if necessary, please be specific, cite pages and/or timestamps)

6. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic? What would you replace the material with?

7. Is there anything good about this resource? _____

8. Is there anything else you would like the Library to know about this resource? _____

9. What would you like your Library to do about this resource?
Remove it Send to librarian for reclassification Other _____

Signature: _____
Date: _____

Please return this form to a staff member or mail to: **Library Director, Pamunkey Regional Library | PO Box 119, Hanover, VA 23069**. You will receive a response from the Library Director once your request has been reviewed and the resource evaluated.