



## Library Material Request for Reconsideration

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NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

Are you an East Moline Public Library Card Holder? (Circle One)    **YES**        **NO**

Who are you representing? (Circle One)    **SELF**    **ORGANIZATION:** \_\_\_\_\_

\_\_\_\_\_

**What library material are you requesting reconsideration for?**

**Title** \_\_\_\_\_

**Author** \_\_\_\_\_

**Material Type** \_\_\_\_\_

**Use the section below to explain your concerns and/or reasoning for requesting the material be reconsidered.** (Use backside for additional space.)

*The Library Director will send a written response to the address above within 30 days of receipt.*