EAST MOLINE PUBLIC LIBRARY

Library Material Request for Reconsideration

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.96.days.of.receipt¡.