



400 West Main Street | P.O. Box 1130 | Fennville MI 49408
P: 269-561-5050 | F: 269-561-5251
fennvilledl.michlibrary.org

Fennville District Library
REQUEST FOR RECONSIDERATION OF LIBRARY
MATERIALS AND PROGRAMS FORM

January 17, 2019

Fennville District Library Mission:

The mission of the Fennville District Library is “to provide access to varied materials and services for lifelong enrichment.”

(This form may be printed out and returned to the library)

Title of item _____ Book__ Magazine__ Other ____

Author of item _____

Title of program _____

Request initiated by _____

Address_____ Phone_____

City_____ State_____ Zip code_____

Do you represent

____ Yourself

____ An organization (name)_____

____ Other group (name)_____

1. Did you read or view the entire work or program? _____
What parts did you read or view?

2. To what in the work or program do you object to? (Be specific; cite pages, sections etc.)

3. What do you believe is the theme of this work or program?



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4. In your opinion, is there anything good about this work or program?
5. What do you feel might be the result of reading or viewing this work?
6. What would you like the library to do about this material or program?
☐ Reclassify the material(s)
☐ Take it to the Library Board for reconsideration
☐ Withdraw it from the collection
7. Which title or program would you suggest as a substitute?

Signature_____ Date_____