Athens Regional Library System

Request for Reconsideration of Library Resource or Service

Submit completed form to library staff in any branch or mail to:
Library Director, Athens Regional Library System, 2025 Baxter Street, Athens, GA 30606

Your Name: __________________________________ Date: _______ / _____ / _____

Address: ____________________________________________________________

City:________________ State:_____ ZIP: __________

Phone: ______________________ email: ______________________________

Library / Branch ______________________________________________________

Type of resource or service on which you are commenting:

___ book  ___ audio recording  ___ magazine or newspaper

___ video or DVD  ___ program  ___ display

___ electronic material or information (specify URL:________________________)

___ other (specify):____________________________________________________

Title (if applicable):____________________________________________________

Author/Producer (if applicable):__________________________________________

Please answer the following questions about the resource you are requesting to be reconsidered.

1. What brought this resource or service to your attention?

2. Have you read, viewed, and/or attended the entire resource or program?

3. What concerns you about the resource or service?  (Please list specific pages or sections if applicable. Use other side or additional pages if necessary.)

4. What action are you requesting that the library take in regard to this resource or service?

__________________________________________________
Signature

The Athens Regional Library System appreciates your interest in the library’s resources, programs and services. You will receive written notification of the decision concerning your request.

- staff use only – (initial & date)

Form rec’d _____________________

Athens Regional Library System
10-16-14