

Athens Regional Library System  
**Request for Reconsideration of Library Resource or Service**

Submit complete form to library staff at any branch or mail to:  
Collections Manager, 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:

- c Book
- c DVD
- c Spoken word/audio recording
- c Electronic material/information (specify URL): \_\_\_\_\_
- c Magazine or newspaper
- c Program
- c Display
- c Other: (please specify) \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Author/Producer (if applicable): \_\_\_\_\_

Please answer the following questions about the resource or service you are requesting to be reconsidered:

1. How did you discover this resource or service?
  
  
  
  
  
  
  
  
  
  
2. Have you read, viewed, and/or attended the entire resource or program? If not, what pages, sections, or times have you read, viewed, and/or attended?

3. What concerns you about the resource or service? Please list specific pages or sections if applicable. Use additional pages if necessary.
  
4. Have you read any critical reviews of this title? If so, please include source(s):
  
5. Do you recommend that the library reclassify this item or remove it from the collection?
  
6. Do you have a recommendation for an alternative to this item?

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

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Signature of Library User

Date

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Signature of Staff Member

Date