

Request for Reconsideration of Material Form

The Pleasanton Public Library has established a procedure for gathering input about a specific material. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a material, please return the completed form to the library.

Pleasanton Public Library | 400 Old Bernal Ave. Pleasanton, CA 94566

| Date | | | |
|---|-----------------------------------|--------------------------|--------------------|
| Name | | | |
| Address | | | |
| City | State/Zip | | |
| Phone | Email | | |
| Do you represent self? | Or an organization?Name o | f Organization | |
| 1. Material on which you a | e commenting: | | |
| Book (e-book) Movie | · | Digital Resource Game | Newspaper Other |
| Title | | | |
| Author | | | |
| Have you examined the e | ntire material?YesNo | | |
| 2. What brought this mate | rial to your attention? | | |
| 3. What concerns you abo | ut the material? | | |
| 4. Are there material(s) you viewpoints on thistopic? | ou suggest providing for addition | nal information and/ | or other |

| Library staff will review the form and provide a written response within 30 days of receipt. | | | |
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