

WABASH CARNEIGE PUBLIC LIBRARY

Request for Reconsideration

Return completed form to 188 W Hill Street, Wabash, IN 46992

Contact Information
Name:
Phone:
Email:
Full Mailing Address:
Whom you represent (please check one): <input type="checkbox"/> Yourself / Your Family <input type="checkbox"/> Other, please specify:
How would you like the library to follow up with you?

Item/Activity for Reconsideration
Title:
How did you become aware of this item/activity?
Type of item/activity (please check one): <input type="checkbox"/> Book <input type="checkbox"/> Ebook <input type="checkbox"/> Audiobook <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Movie <input type="checkbox"/> Display <input type="checkbox"/> Event <input type="checkbox"/> Program/Activity <input type="checkbox"/> Web content, please specify: <input type="checkbox"/> Other, please specify:

If an Event, Program or Display, have you personally seen or participated in its entirety? On what date?

For all other, have you personally examined/read the entire resource? If not, what sections did you review?

Reason for Request

What concerns you about the item/activity?
Please discuss the reasons you want us to consider in reviewing the resource.

To what parts are you objecting? Please be as specific as possible.

Do you suggest any resource(s) that provide additional information and/or other viewpoints on this topic?

Specifically, what action are you requesting the library consider?

Thank you for your patronage and concern.

The Library Director will follow up with you within 14 business days of receiving this completed form.

APPROVED BY LIBRARY BOARD OF TRUSTEES: April 19th, 2022