

Request for Reconsideration of Library Resources

Please complete this form that will be used by a review committee appointed by the Executive Director of the Pueblo City-County Library District. After the Executive Director makes a determination regarding your request, you will be notified in writing of the library's decision. Please note that the individual making the request must reside in Pueblo County and a resource shall not be reconsidered more than once every two years. This request is an open record under the Colorado Open Records Act and the determination shall be made available to the public via the library website.

Patron Information

Name: _____ Date: _____
Address: _____
City: _____ Zip Code: _____ Telephone: _____
Email Address: _____
Representing: Self Name of organization/group: _____

Library Resource

- Circulating Item (book, DVD, magazine, etc.)

Title: _____
Author: _____
Publisher: _____ Date Published: _____
Did you read/listen to/watch the entire item? _____ If not, what part(s)? _____

- Library Program

Title: _____
Presenter: _____
Library Location: _____
Did you attend the program? _____
If not, how did you hear about the program? _____

- Library Exhibit or Display

Title: _____
Creator/Artist (if known): _____
Library Location: _____
Did you view the exhibit/display? _____
If not, how did you hear about the exhibit/display? _____

What do you believe is the subject of this library resource?

To what in the material do you object? (Please be specific)

What are your recommendations concerning this library resource?

Customer Signature

Date

Note: Send original to the Executive Director