



# Request for Reconsideration Form

## Park County Public Library

Park County Libraries allows Park County residents to voice their opinions regarding materials, exhibits, and programs. This form must be completed and mailed to the Library Director at PO Box 592 Fairplay, CO 80440, Submitted online at <http://parkcounty.colibraries.org>, or delivered to any PCPL library. A written response will be provided within 30 days. No changes to the status of the material, exhibit, or program will be made during the review process—a limit of five items to review each month per person.

**\*Starred items are required**

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Persons listed represent:  Self  Organization/Group Name: \_\_\_\_\_

\*Title of Material, Exhibit, or Program: \_\_\_\_\_

Author/Creator/Presenter: \_\_\_\_\_

Publisher: \_\_\_\_\_ Date Published/Presented: \_\_\_\_\_

Format of Material (e.g., book, DVD, exhibit, program, etc.) \_\_\_\_\_

\*Have you read/viewed/listened to the material, exhibit, or attended the program in its entirety?  Yes  No

\*What do you object to in the material, exhibit, or program? (Please be specific, include examples and page numbers.)

What age group (if any) would you recommend this material, exhibit, or program?

Is there anything good about this material, exhibit, or program?

What is your suggestion for replacing this material, exhibit, or program?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_