



**Sandwich Public Library District**

925 S Main Street | Sandwich, IL 60548

815.786.8308 | www.sandwichpld.org

*Request of Reconsideration of Library  
Materials*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Request represents      Individual      Organization, list name  
\_\_\_\_\_

Author \_\_\_\_\_

Title \_\_\_\_\_

Publisher or Distributor \_\_\_\_\_

Year of Publication \_\_\_\_\_

Have you read or viewed the entire work?      If not, what parts?

To what in the material do you object? (Please be specific; cite pages or sections.)

What good or valuable features do you find in the material?

What do you believe is the theme of this work?

What do you feel might be the result of reading or viewing this material?

---

Signature

Date