



Delta County Libraries
PO BOX 858
Delta, Colorado 81416

MATERIALS RECONSIDERATION FORM

Title: _____

Author: _____

Publisher: _____

Type of Material: _____

To what in the work do you object? (Please be specific. Cite pages.)

Did you read the entire work?

Yes No If no, what parts?

Are you aware of the opinions of professional critics regarding the material?

Yes No

How was it brought to your attention?

What would you suggest the library District purchase to replace this item in the collection?

Name: _____

Phone number: _____

Mailing address: _____

City, State and Zip Code: _____

E-mail address: _____

Do you represent yourself? An organization or group

Name of Organization or Group

Signature: _____

Date: _____