



Request for Reconsideration

Delta County Public Library District (“District”) provides the opportunity for District residents to voice their opinions regarding materials, exhibits, and programs. This form must be filled out completely and mailed to the District Director at P.O. Box 540, Hotchkiss, CO 81419. A written response will be provided within 45 days upon receipt of this request form. No changes to the status of the material, exhibit, or program will be made during the review process. This Request is an open record under the Colorado Open Records Act. (***Starred items are required.***)

Name:* _____

Address:* _____

City:* _____ State:* _____ Zip Code:* _____ Phone:* _____

Representing:* 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

To what do you object in the material, exhibit, or program? (Please be specific, include examples.)*

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

Is there anything positive about this material, exhibit, or program? _____

What are your recommendations concerning this material, exhibit, or program? _____

Signature:* _____ Date:* _____