

Barrington Area Library
Request for Reconsideration of a Library Resource

Resident's Contact Information

Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

Resource Information

Please check the Library resource to be reconsidered:

- | | | |
|---|--|--|
| <input type="checkbox"/> Print item | <input type="checkbox"/> Electronic item | <input type="checkbox"/> Library exhibit |
| <input type="checkbox"/> Audiovisual item | <input type="checkbox"/> Library program | <input type="checkbox"/> Other |

Title of resource _____

Author/Producer/Presenter _____

Comment on the specific reasons for requesting reconsideration of this resource.

What would you like the Library to do with this resource?

If you are requesting that a resource be removed from the Library, please suggest a resource more appropriate than what the Library has provided.