

Whitehall Public Library

Materials Reconsideration Request

Name _____ Date _____

Address _____

Phone _____

Author _____

Title _____

WPL Call Number _____

Book Sound Recording Magazine DVD/Video Other

Why do you feel this item should not be in the collection?

Did you read, hear, or view the item in its entirety? Yes No

What specific pages or section of the item illustrate your point?

Would you regard the item as appropriate for any age group? If so, which?

Other comments that would be helpful to the committee reviewing this request?
