

Request for Reconsideration of Library Resource or Service

Submit completed form to library staff in any branch or mail to:

Library Director, Athens Regional Library System, 2025 Baxter Street, Athens, GA 30606

Your Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ email: _____

Library / Branch _____

Type of resource or service on which you are commenting:

book audio recording magazine or newspaper
 video or DVD program display
 electronic material or information (specify URL: _____)
 other (specify): _____

Title (if applicable): _____

Author/Producer (if applicable): _____

Please answer the following questions about the resource you are requesting to be reconsidered.

1. What brought this resource or service to your attention?
2. Have you read, viewed, and/or attended the entire resource or program?
3. What concerns you about the resource or service? (Please list specific pages or sections if applicable. Use other side or additional pages if necessary.)
4. What action are you requesting that the library take in regard to this resource or service?

Signature

The Athens Regional Library System appreciates your interest in the library's resources, programs and services. You will receive written notification of the decision concerning your request.

- staff use only - (initial & date)

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