DALY CITY PUBLIC LIBRARY
Request for Reconsideration of Library Materials

Branch: ☐ Serramonte  ☐ Westlake  ☐ John Daly  ☐ Bayshore  Date: ___________
Name: ___________________________________________  Phone: _______________________
Address: __________________________________________

Are you acting as the official spokesperson for an organization?

 ☐ No  ☐ Yes  Name of organization: ____________________________

Material on which you are commenting:

 ☐ Book  ☐ Magazine/Newspaper  ☐ Video/DVD  ☐ CD  ☐ Other, specify: __________
Title: ___________________________________________  Author: _________________________
Publisher: ______________________________________  Publication Date: __________________

1. What brought this title to your attention? _____________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. Did you read/listen to/watch the entire item?  ☐ Yes  ☐ No, only these parts: __________
________________________________________________________________________________

3. What do you believe the library should do about this material? _________________________
________________________________________________________________________________

4. What resource(s) do you suggest to provide additional information on this topic? ______
________________________________________________________________________________

5. Please comment on the material as a whole as well as being specific about those matters
   that concern you. (You may use the reverse side if you need more space.) _____________
________________________________________________________________________________
________________________________________________________________________________

Thank you for your interest and for completing this form. You will receive a reply.