

Glen Cove Public Library
Request for Reconsideration of Library Materials

If you wish to request reconsideration of library materials, return the completed form to:
Joanna Cabo, Director, Glen Cove Public Library, 4 Glen Cove Ave., Glen Cove, NY 11542

Name (print): _____

Address: _____

Phone: _____ Email: _____

Do you represent yourself? _____ Or group/organization? _____

1. Item on which you are commenting:

___ Book ___ Magazine ___ Digital Resource ___ Newspaper

___ Movie ___ Game ___ Other (please specify _____)

Title _____

Author/Producer _____

2. What brought this item to your attention?

3. Have you examined the entire item? Yes _____ No _____

4. What concerns you about this item?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What would you like the library to do about this item?

Signature _____ Date _____

For Staff Only: Date Received/Initials _____