



West Georgia Regional Library System

Donation Reconsideration Form

Your Information:

Today's date: _____ Member Library: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Material Information:

Date submitted to library: _____

Author: _____

Title: _____

Format: Book Movie Audiobook Magazine Other _____

What additional considerations would you like the library to take when considering adding this material to the collection for West Georgia Regional Library System?

Would you like to receive notification about our decision regarding this matter mailed to the above address? Yes No

The West Georgia Regional Library System appreciates your interest in our library's collection.

Your signature: _____ Group represented (if applicable): _____

Library staff member receiving form: _____

Date of resolution from regional review: _____