



**West Georgia
Regional
Library System**

Material Reconsideration Form

Your Information:

Date: _____ Member Library: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Material Information:

Author: _____

Title: _____

Format: Book Movie Audiobook Magazine Other _____

Have you read/viewed the item in its entirety? Yes No

If not, how much did you read/view?

What do you object to in this material? Please be specific and cite pages or minute marks.

What actions would you like the library to consider taking in reference to this material?

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: _____