Request for Reconsideration Wabeno Public Library

Must meet the below criteria before request that any material be reconsidered:	ting Name		
Resident of Forest County	Phone		
Read, viewed, seen, or heard the	Λ al al n c = -		
material in its entirety Reviewed the Wabeno Public Library Collection Development Policy and the ALA Bill of Rights	Address	5	
	he		
· ·	Email		
Mate	erial in Que	estion	
Title			
Author/Producer		Barcode #	
Format Book DVD Audio	obook Ma	agazine	
What do you believe is the theme or purp	ose of the ma	aterial?	
How did this material come to your attenti	ion?		
What do you find objectionable? (Be spec	cific, cite page	es, minutes, etc.)	
In its place, what work of equal literary que would cover the same subject or content?			
SIGNATURE			
LIBRARY Date of Form USE ONLY		Staff Initial	