

Carbon County Library System

Request for Reconsideration of Library Materials Form

Please fill out and submit to: Carbon County Library System, 215 W Buffalo St. Rawlins, WY 82301

Contact Information: (required) Name:	Page 1
Phone number: Email :	
Mailing Address:	
Who do you represent? Self Organization	
If organization , please provide the name :	
Are you a Carbon County, Wyoming resident: Yes \(\square\) No \(\square\)	
Material Information:	
Type of Material: (Please check all that apply)	
Book	
Other:	
Title :	
Author/ Performer:	
Have you read, viewed or heard the entire work? Yes \(\sigma\) No \(\sigma\)	
What action do you wish to be taken?	
Shelve it elsewhere Remove it from the library	
Other:	

What do you believe is the	e theme and/or major intent of this work?
What is your objection to	this work? Please be specific
What do you feel might be	e the result of reading, viewing or listening to this work?
Signature	Date
For Library staff use on	ly:
Date received:	
Branch:	
Notes:	