Request For Reconsideration of Library Materials

Name:	Date:	
Address:	_	
Phone:		
I represent:		
Myself: An organization		
Please specify organization:		
Material for Reconsideration:		
Book Period	dical Other	
Title:		
Author/Artist:		
Did you read/view/listen to the material in i	its entirety? Yes: No:	
Have you read any reviews of this material	? Yes: No:	
Have you read the Tillamook County Libra	ry's Collection Development Policy?	
Yes: No:		
Please describe your concerns regarding thi or sections when applicable.	is material. Please be specific and list page numbers	
