

Request for Recommendation or Reconsideration of Library Materials

Title _____

Author (if appropriate) _____

Patron making request _____

Telephone _____ Address _____

City _____ Zip _____

To recommend an item for the library's collection, please answer the following questions:

What is the subject of the item? _____

Have you read or viewed the item? _____

Why do you think it should be added to the library's collection? _____

Date _____ Your signature _____

To request reconsideration of library materials, please answer the following questions:

To what in the item do you object? (Please be specific and include page numbers)

Did you read or view the entire item? _____

If not, which portion did you read or view? _____

Do you know of any review? (Please cite source, date, and page) _____

Date _____ Your signature _____

Thank you for taking the time to make a suggestion. We welcome you to send your completed form to: info@scrantonlibrary.org and the appropriate staff member will respond to your request.