



1000 Englewood Parkway
Englewood, CO 80110
303.762.2300
www.EnglewoodCO.gov

Englewood Public Library - Request for Reconsideration

The Englewood Public Library values the opinions of all community members. If you wish to request the Library to consider the removal or reclassification of an Englewood Public Library item, please complete this form in its entirety and return it to a Library staff member. You must be a City of Englewood resident and include your name and contact information. Your request will be submitted to the Library and Cultural Arts Manager for review. The Manager may contact you by phone and you will receive a written response within 30 days of the date your request is received.

Name _____ Phone _____

Address _____

Email _____

Do you represent: yourself organization (org name) _____

A. Description of item concerned.

Please select one:

- Book/eBook DVD Audio Recording/eAudio Digital Resource Magazine Newspaper
- Game Other _____

Title _____

Author/Producer _____

B. Questions about the item.

1. Did you read/view/hear the entire work? Yes No
If "No", what parts did you read/view/hear? _____

If none, why not? _____

2. What brought this item to your attention? _____

3. What do you find objectionable and/or offensive about this item? Please provide specific examples, including listing pages or sections (attach additional pages if needed). _____



1000 Englewood Parkway
Englewood, CO 80110
303.762.2300
www.engagewoodco.gov

Englewood Public Library - Request for Reconsideration

4. Have you read any published reviews of this item? Yes No

If yes, please provide name and date of publication. _____

5. Are there other resources you recommend that provide additional information and/or other viewpoints on this topic? _____

6. What action are you requesting the Library consider?

Relocate to another collection area.

Remove from the Library.

Other _____

How would this action improve the Library's service to the community? _____

C. Signature of person submitting the Reconsideration Form:

_____ Date: _____

D. Signature of Library staff member receiving the Reconsideration Form:

_____ Date: _____

The Englewood Public Library appreciates your interest in the Library's collection. You will receive notification of the progress or decision of this request within 30 days from the date the form is received by the library.