Reconsideration Request Form

The Board of Trustees of the Ignacio Community Library have established a procedure for reconsideration requests. Completion of this form is the first step in that process. If you wish to request reconsideration of an item or resource, please return the completed form to the library director.

Ignacio Community Library
P.O. Box 886
Ignacio, CO 81137

Name _____________________________________________
Address ____________________________________________
City ___________ State/Zip _______________ Date ________________
Phone _______________ Email __________________________

Do you represent yourself? _____ Or an organization? _____
Name of Organization _______________________________________

1. Resource on which you are commenting:
   _____ Book (e-book) _____ Movie _____ Magazine _____ Audio Recording
   _____ Digital Resource _____ Game _____ Newspaper _____ Other

   Title _________________________________________________

   Author/Producer ______________________________________

2. What brought this resource to your attention? ______________________________________

3. Have you examined the entire resource? If not, what sections did you review? __________

4. What concerns you about the resource? _____________________________________________

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints
   on this topic? __________________________________________

6. What action are you requesting the committee consider? _______________________________

___________________________________________________________________________