



Carnegie Library of Pittsburgh

## Materials Reconsideration Request

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Author \_\_\_\_\_

Title \_\_\_\_\_

CLP Call Number \_\_\_\_\_

☐ Book      ☐ Sound Recording      ☐ Magazine      ☐ Video      ☐ Other

Why do you feel this item should not be in the collection at CLP?

\_\_\_\_\_  
\_\_\_\_\_

Did you read, hear, or view the item in its entirety? \_\_\_\_Yes \_\_\_\_No

What specific pages or section of the item illustrate your point?

\_\_\_\_\_  
\_\_\_\_\_

Would you regard the item as appropriate for any age group? If so, which?

\_\_\_\_\_

Other comments that would be helpful to the committee reviewing this request?

\_\_\_\_\_  
\_\_\_\_\_

### STAFF USE ONLY

Form accepted by \_\_\_\_\_ Department/Branch \_\_\_\_\_

**Please return this completed form to any Carnegie Library of Pittsburgh location.**