



Library Resource Reconsideration Request Form

Please complete the following form and return it to any Evansville Vanderburgh Public Library location or email it to experience@evpl.org.

Contact information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Who do you represent? (Select one) Yourself Organization _____

Reconsideration Resource

Book Movie/Video CD/Audiobook Newspaper

Magazine Display Program Other

If "Other" is selected, please list. _____

Title of Item _____

Author/Producer/Performer _____

Date of Program, if applicable _____

Reconsideration Details

How did you become aware of this resource? _____

Have you viewed the resource in its entirety? If not, what portions did you view?

What concerns do you have about the resource? _____

How would you like for the library to respond to your request? _____

Signature of Requestor

Thank you for submitting your request. It may take 10-14 days for an EVPL team member to be in contact regarding your concerns.