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.