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.