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.