Request for Reconsideration of Material



ALL QUESTIONS MUST BE ANSWERED.

Author	_ HARDCOVER	PAPERBACK OTHER].
TITLE			
PUBLISHER (IF KNOWN)			
REQUEST INITIATED BY			
Address	TELEPHONE		
Сіту	STATE	ZIP CODE	
CITIZEN REPRESENTS:			
HIMSELF/ HERSELF			
ORGANIZATION (NAME)			
OTHER GROUP (IDENTIFY)			
(IF OBJECTION IS TO MATERIAL OTH OF THE FOLLOWING QUESTIONS SO			1G
1. DID YOU READ/ VIEW THE ENTIR WHAT PAGES OR SECTIONS?	е ітем? 🗌 Үе	:s No	
2. To WHAT IN THE WORK DO YOU	OBJECT? (BE SPE	ECIFIC; CITE PAGES OR SECTIONS	
3. What do you find of value in this work?			
4. WHAT DO YOU FEEL MIGHT BE T	HE RESULT OF R	EADING/ VIEWING THIS WORK?	
5. ARE YOU FAMILIAR WITH ANY CR	RITICAL REVIEWS	OF THIS WORK?	

6.	6. What do you believe to be the theme or purpose of this work?			
7.	WHAT ACTION DO YOU SUGGEST THE BCPLS TAKE REGARDI	NG THIS WORK?		
8.	8. CAN YOU RECOMMEND MATERIAL OF EQUAL QUALITY THAT WOULD CONVEY A SIMILAR PICTURE AND PERSPECTIVE ON THE SAME SUBJECT TO REPLACE T WORK?			
Si	GNATURE OF CITIZEN	DATE		
N	ME OF STAFF MEMBER RECEIVING RECONSIDERATION FORM			