

**APPENDIX C - Fulton County Library System
Request for Reconsideration of Library Materials**

Date: _____ Library Branch: _____

Patron Information

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Do you represent Yourself An organization Which organization? _____

Title Information

Title: _____

Author/producer: _____ Publication Date: _____

Location in Library: Adult Juvenile Young Adult

Format: Book (print or ebook) DVD CD Digital Resource Other _____

Did you read/examine the entire work: Yes No

Did you read any published reviews of the work? Yes No

Have you read Fulton County Library's Collection Management Policy? Yes No

What are your concerns regarding this title? (attach other pages if necessary) _____

What actions are you asking the committee to take regarding this title? _____

Signature: _____

Please return completed form to your local branch or mail to Collection Management, Fulton County Public Library, One Margaret Mitchell Square, Atlanta, GA 30303. The Collection Management Committee will review the work and respond to your comments. Thank you. Rev. 4/2019