



Pasadena Public Library  
1201 Jeff Ginn Memorial Drive  
Pasadena, TX 77506

## Request for Reconsideration

Name:

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Address:

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City:

State/Zip Code:

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Phone:

Library Barcode:

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Email Address:

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Do you represent:

Self

Group/Organization (please specify)

Name:

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### Type of material:

Print Book

Electronic Book (eBook)

Electronic Audiobook (eAudiobook)

Movie

Print Magazine

Digital Magazine

Newspaper

Other

If other, please describe:

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### About the item:

Title:

Author/Publisher:

To what specifically in the material do you object? (Please be specific, cite pages, etc.):

Did you read the entire book or listen to or view the material in its entirety? If not, what parts or sections did you review?

What do you feel might be the result of using this material?

Is there anything good about this material?

What do you believe is the theme of this material?

For what age group would you recommend this material?

What action are you requesting the committee consider?

Are you aware of published reviews of this material by critics in the field? If so, how did these reviews support your request.

\_\_\_\_\_  
Signature of Complainant

Date: \_\_\_\_\_