

## Request for Reconsideration of Oxford County Library Material

First and Last Name:	Date:
Email Address:	Phone:
Library Card Number, if applicable:	
Do you representa yourself or an organizatio	n?
Myself	
Organization	
Name of Organization, if applicable:	
Title:	
Author / Artist:	
Type of Material (book, DVD, etc.)	
Please describe your objection to the materia possible)	al. (Provide page/time references where
Did you read / listen to / watch the entire item	n?
Yes	
No	
Not Applicable	
In your view, what is the topic or theme of the	e material?



Are you aware of any critical reviews or evaluations of this material?
What do you feel might be the results of exposure to this material?
What do you want the Library to do with this material?
Have you read the Library's Collection Development Policy? Yes No
Forms should be returned to any branch of the Oxford County Library or mailed to:  CEO / Chief Librarian
Oxford County Library 21 Reeve Street Woodstock, Ontario N4S 7Y3  A written reply will only be provided to those that include their contact information.