

Rippey Public Library

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Request for Reconsideration Form

Please initial to confirm you have read the following library policies. These policies direct the selection process for library materials at Rippey Public Library.

____ American Library Association Bill of Rights and Freedom to Read

____ Rippey Public Library Collection Development Policy

Name _____ Date _____

Address _____

Phone _____ Email _____

Do you represent yourself or an organization? _____

Title of Item _____

Author _____ Format _____

What brought this resource to your attention?

Have you read the entire resource?

What concerns you about this resource?

Signature of Complainant

Date