LEMONT PUBLIC LIBRARY DISTRICT

REQUEST FOR RECONSIDERATION OF MATERIALS

Name	
Email	Phone
Address	
Name of Organization (if applicable)	

You Represent

- ☐ Yourself
- ☐ An Organization.

Title
Author
Publisher
Performer
How did you learn of the material?
What is your objection to the material, program, or display?
What action are you requesting that the library take?
Suggestions for materials that provide similar information and are of equal quality. (Optional)

Did you read, listen to, or view this material program or display completely?

- ☐ Yes
- ☐ No

Complainant:	Date:
Received by:	Date:

Reviewed and approved: Library Board of Trustees, June 13th, 2023, September 10, 2024