ANCHORAGE PUBLIC LIBRARY

3600 Denali Street
Anchorage, AK 99503

Request for Reconsideration

Please complete this form and return in person to any APL location.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Library card # _____

Preferred method of communication ☐ Mail ☐ Email *(will be used if no preference is stated)*

What type of material or service are you commenting on?

☐ Book ☐ Magazine ☐ Library Program ☐ Movie
☐ Music CD ☐ Display/Exhibit ☐ Newspaper ☐ Audiorecording
☐ Internet Resource/Site ☐ Other _____

What item/program/ display/exhibit are you commenting on?

If commenting on an item, what is the title and author/performer/producer?

If commenting on a program/display/exhibit what is the title and date?

How did this title/event display/program/exhibit come to your attention?

(Recommended by staff member, review, friend's recommendation, found on shelf, visit library, library calendar, publicity announcement, etc.)

Did you read or listen to the entire work, stay for the entire program, view the entire display? If not, which selection or part did you read or view?

What is it that you find objectionable? Please be specific, cite pages, excerpts, or scenes whenever possible.

What action would you like the library to take?

Staff use only
Date rec'd _____
Staff initials _____

Please attach additional pages as needed. Note: This is a public document.
Correspondence will be sent by the Collection Management Services Coordinator via your preferred method of communication, detailing the process start date and the subsequent steps.