



REQUEST FOR RECONSIDERATION FORM

Please use this form for titles owned by the Bucks County Free Library

Material Information	
Title	
Author	
Publisher/Production Company	
Copyright Date	
Format (book, CD, audiobook, etc.)	
Library User Information	
Name	
Library Card Number	
Street Address	
City, State, Zip	
Phone	
Email	
Which library do you use?	
If complaint is being made on behalf of another person or group, please list name, address, and phone number	
I have read and understand BCFL's Collection Management Policy MNG 2	Yes _____ No _____
I have read / viewed / listened to the material in its entirety	Yes _____ No _____
Reason for reconsideration (use other side or attach additional sheets if necessary)	
Action you would like to see taken	

Return form to: Bucks County Free Library, Collection Management Department
 150 South Pine Street, Doylestown, PA 18901