

# Appendix A - Bee Cave Public Library Patron Request for Reconsideration of Library Material

Request by: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Please circle the format of the material:

Book    Magazine    Newspaper    Audiobook    Kit    DVD    Digital    Other

Title: \_\_\_\_\_  
Author: \_\_\_\_\_  
Publisher: \_\_\_\_\_ Pub. Date: \_\_\_\_\_

1. I object to this material because: (Please be very specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I    did    did not read/view/listen to the material in its entirety.

3. Theme of the material: \_\_\_\_\_

4. Age of individual for whom it was checked out: \_\_\_\_\_

5. Age of individual for whom it is appropriate: \_\_\_\_\_

6. What do you recommend the Library do about this material? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Patron: \_\_\_\_\_

Thank you for sharing your concerns with us. The Library Director and the Library Review Committee will review your comments and all relevant policies. You will be notified of the decision.

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### For Library Use Only

Received by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date Patron Contacted: \_\_\_\_\_

*Approved by Bee Cave City Council, 3/26/2024*