

Request for Reconsideration of Internet Sites

Date: _____

Branch: _____

Name: _____

Address: _____ (Street or P.O. Box)

_____ (City/Town and Zipcode)

Telephone #: _____

Library Card No.: _____

1. What was the name and URL of the site? _____

2. What source directed you to this site? For example: Online Index, Word of mouth or other? _____

3. What information did you hope to find on this site?

4. a. If you object to the content of this site, please state why.

4. b. If you object to not being able to access this site, please state why.

5. For whom do you consider this site appropriate/inappropriate?

6. What action do you wish Kitchigami Regional Library to take and why?

For Internal Use Only:

Date site reviewed:

Comments:

Recommendation: