



DOTHAN HOUSTON COUNTY LIBRARY SYSTEM

Request for Reconsideration of Library Materials

If you have concerns about library materials and wish to express these concerns formally, please complete this form to assure prompt, complete consideration by library staff.

MATERIAL FOR RECONSIDERATION

Author/Producer: _____ Publisher: _____

Title: _____

Call number: _____ Date/Edition: _____

Format: Book Magazine/Newspaper Video/DVD Database Audiobook/CD

Other: _____

Did you read, view, or listen to the entire work or a portion of the work?

I have read, viewed, or listened to the work in its entirety.

I have only read, viewed, or listened to a portion of the work.

Please describe your concerns regarding this material:

Please list any pages or sections that illustrate your concern:

Please describe how this material came to your attention:

CONTACT INFORMATION

Your Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

(Optional) Organization Represented: _____

(Optional) Are you a DHCLS cardholder? Yes No

(Optional) If yes, please list your library card number: _____

STAFF USE ONLY

Received:

Acknowledgement:

Response:

Please drop off your completed form at any DHCLS Location or mail it to
Dothan Houston County Library System, P.O. Box 1369, Dothan, AL 36302.

Updated October 11, 2023.