



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.

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