YPSILANTI DISTRICT LIBRARY

REQUEST FOR RECONSIDERATION TO BLOCK A WEBSITE

Name(Please give full Name)	Today's Date
Address	
City, State	Zip
Telephone: Daytime Alternate	Phone:
E-Mail Address	
Website Address (URL) of objectionable and /or offensive site:	
Please Answer the following Question: What do you find objectionable and or offensive about this site?	

Signature of Library User Submitting Reconsideration Form	Date
Signature of Staff Member Receiving Reconsideration Form	Date