REQUEST FOR RECONSIDERATION OF MATERIAL

Author: ____________________________________________________________

Title: ______________________________________________________________

1. Please answer the following questions if you request that material be removed from the Carver County Library. (Use the reverse side of this form if you need additional space for your answers.)

To what do you object? (Please be specific.) _____________________________
____________________________________________________________________
____________________________________________________________________

Have you examined that material completely? ☐ Yes ☐ No

If not, which portions did you examine? _________________________________
____________________________________________________________________
____________________________________________________________________

2. Please answer the following questions if you request that materials be shelved in a different location in the Carver County Library. (Use the reverse side of this form if you need additional space for your answers.)

Why do you think it should be moved? _________________________________
____________________________________________________________________
____________________________________________________________________

Where do you think it should be relocated? ______________________________
____________________________________________________________________
____________________________________________________________________

3. Please answer the following questions if you request that material be added to the Carver County Library. (Use reverse side of this form if you need additional space for your answers.)

What is the subject? _________________________________________________

Have you examined the material completely? ☐ Yes ☐ No

Why do you think it should be added to the library’s collection? ______________
____________________________________________________________________

Do you know of any reviews? __________________________________________
____________________________________________________________________
____________________________________________________________________

Requested by: Name_________________________________________________
Address________________________________________________________________
City, State, ZIP ______________________________________________________
Telephone____________ Date ____________
Signature _____________________________________________________________

April 2010

Staff initials:_______ Date rec’d:_________