

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 _____