



## Request for Reconsideration of Library Materials

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Author/Artist: \_\_\_\_\_

This is a: Book \_\_\_\_\_ DVD \_\_\_\_\_ CD \_\_\_\_\_ Magazine \_\_\_\_\_ Other: \_\_\_\_\_

Do you represent: Yourself \_\_\_\_\_ A Group (Name): \_\_\_\_\_

Have you read, viewed, or listened to the entire work? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain what concerns you about the title:

What would you like the Library to do with the title?

Signature: \_\_\_\_\_

If you need assistance with this form due to disability or language barrier, please ask for help by calling (651-433-2820), emailing ([info@marinecommunitylibrary.org](mailto:info@marinecommunitylibrary.org)), or visiting the library.

Completed requests may be dropped off at the Marine Community Library, mailed to the library (PO Box 85, Marine on St. Croix, MN 55047), or emailed to the library ([info@marinecommunitylibrary.org](mailto:info@marinecommunitylibrary.org)).

You will receive a written response to this request from the Marine Library Association board president, in accordance with Marine Community Library policy.

\*Please provide your phone number in the event that the Marine Library Association board needs to contact you about this matter.