

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS
WABASSO PUBLIC LIBRARY

Contact Information

Name: _____ Date: _____

Street: _____ Phone: _____

City, State, ZIP: _____ E-mail: _____

Do you represent a group? _____ If so, name of group: _____

Resource Information

Resource that concerns you: Book/Magazine [] Audio Recording/CD [] Display []
Video/DVD [] Library Program []

[] Other (please specify): _____

Title/URL: _____

Author/Producer: _____

Details

Did you read/listen/review the entire work? If not, then which parts?

What brought this item to your attention?

What in the work concerns you? Please be specific and cite pages if applicable.

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Details (continued)

What actions do you seek as a result of your concerns?

Additional comments:

Signature

Signature: _____ *Date:* _____

Note: You will receive a written response to this request from the Library Director within 30 days. After receiving the response, if you feel your views have not been adequately considered or that the Director has not taken sufficient or correct action, you may appeal the decision in writing to the Wabasso Public Library Board, PO Box 190, Wabasso, MN 56293.