



Marshall-Lyon County Library

Request for Reconsideration Form

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:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> Library Program | <input type="checkbox"/> Display |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Audio Recording | <input type="checkbox"/> Video/DVD |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Electronic Resource/Web Site (please specify): _____ | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Title/URL: _____
Author/Producer: _____

Requested Action

- | | | |
|--|--|---|
| <input type="checkbox"/> Add it to the Library | <input type="checkbox"/> Shelve it elsewhere | <input type="checkbox"/> Remove it from the Library |
| <input type="checkbox"/> Other (please specify): _____ | | |

Please explain how such an action would improve the Library's service to the community:

Details

Use the back of this paper if necessary to answer the following questions:

What in the work do you object to? Please be specific and cite pages if applicable.

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

What brought this item to your attention?

For what age group would you recommend this item?

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 Library Director has not taken sufficient or correct action, you may appeal the decision in writing to the Marshall-Lyon County Library Board, 310 W Lyon Street, Marshall, MN 56258.