



Headquarters
1300 W. St. Germain
St. Cloud, MN 56301
320-650-2500

Request For Reconsideration Of Library Material

Title _____

Author (if appropriate) _____

Request initiated by _____

Telephone _____ Address _____

City _____ Zip _____

Library _____ Date _____

Please answer the following questions if your request is that an item be considered for purchase by the library.

1. What is the subject of the item? _____

2. Have you read, listened to, or viewed the item? _____
3. Why do you think it should be added to the library's collection? _____

4. Do you have any additional information on the item including reviews, articles, etc.
(Please cite source, date and page.)

Please answer the following questions if your request is that the item be considered for removal from the library.

1. Did you read, listen to or view the entire item? _____
If not, which portion did you read, listen to or view? _____

2. To what in the item do you object? (Please be specific.)

3. Why do you think it should be removed from the library's collection?

4. Do you have any additional information on the item including reviews, articles, etc.?
(Please cite source, date and page.)
