

## Request for Reconsideration of Library Material

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If you wish to request reconsideration of a library material, please return this completed form to:  
Kasson Public Library Director, 607 1<sup>st</sup> Street NW, Kasson, MN 55944

Material on which you are commenting:

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

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_ Publication date: \_\_\_\_\_

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Your name: \_\_\_\_\_ Kasson Library Card Number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Are you requesting for yourself: \_\_\_\_\_  
or an organization: \_\_\_\_\_ Name of organization: \_\_\_\_\_

1. What in the item did you object to? (Please be specific; list pages.)
2. Did you read, view or listen to the entire item?
3. What do you feel might be the result of reading this?
4. What is the theme or purpose of this item?
5. What is the positive value of this item?
6. What do you feel the library should do with this item?
7. Are there resources you suggest to provide additional information on this topic?

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

***Kasson Public Library Board of Directors, Approved: January 12, 2021***