

# Hanson Public Library Request for Reconsideration

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. I represent:  Myself  Group/Organization: \_\_\_\_\_

2. If you are not a Hanson resident, do you have an active SAILS library card?  Yes  No

3. Type of material:

Book  Video recording  Audio recording  Magazine  Newspaper

Game  Digital resource  Other: \_\_\_\_\_

4. Title: \_\_\_\_\_

5. Author/Producer: \_\_\_\_\_

6. Have you read the Hanson Public Library's Collection Development Policy?  Yes  No

7. What brought this item to your attention?

\_\_\_\_\_  
\_\_\_\_\_

8. Have you examined the entire item? If not, what sections did you review?

\_\_\_\_\_  
\_\_\_\_\_

9. What concerns you about this item? (please be specific and cite pages, times, scenes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What action are you requesting the Library consider with regard to this item?

\_\_\_\_\_  
\_\_\_\_\_

11. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

\_\_\_\_\_  
\_\_\_\_\_

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

**Staff Use Only** Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_