

Hastings Public Library
Request for Reconsideration of Library Materials

Your Name _____

Your Address _____

City _____ State _____ Zip _____

Phone _____

Library materials Concerned:

Book

Periodical

Other (please describe) _____

Title _____

Author _____

Did you read, view or listen to the entire work?

Yes

No

How did you come to select this material? _____

Was this required material for you?

Yes

No

Please fill out the form as completely as possible.
You will receive a written reply to your concerns.