COLLECTION DEVELOPMENT APPENDIX 3A

FORM 3.1 – REQUEST FOR RECONSIDERATION

Please cor	mplete this form and re	eturn it to a staff membe	r. Date	
Name		Т	elephone	
Address _				
City		Province	Postal Code	
Email				
Do you rep	oresentY	ourself If an organiza	tion, please name	
/hat type of material or rvice are you ommenting	Book	Magazine	Library Program	Videogames
	Music CD	Display/Exhibit	Internet Resource/Site	Audiorecording
on?	Movie	Newspaper	Other (brief description)	
			on? (Recommended by staff me announcement, publicity annou	
If not, which	n selection or part did y	ou read or view?	e program, view the entire dis	
		· 	; cite pages, excerpts, or sce	·
-	r your comments. A m	nember of our administra	ative staff will contact you reg	garding your concerns.

for purposes relating to the Morinville Community Library. If you have any questions, please contact the Information Management/FOIP coordinator for the Morinville Community Library at 10119-100 Avenue, Morinville, AB T8R 1P8 or 780-939-3292.

Morinville Community Library Policy and Procedures Manual