



Request for Reconsideration of Library Materials Form

If you wish to request reconsideration of a library resource, completion of this form is the first step in that procedure. Please return the completed form to the library director. Incomplete forms (i.e. no contact information) will not be considered.

Date _____

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

Do you represent yourself? _____

Or an organization? _____ Name of Organization _____

Or a group? _____ Name of Group _____

1. Title/Name of Item _____

Author/Producer _____

2. To what in the work do you object? Please be specific (cite page numbers if it is a print work)

3. Did you read/view/listen to/use the entire work? If not, what parts did you review?

4. What concerns you about the item?

5. Have you read reviews about the item? If so, please cite.

6. In your opinion, is there anything good about this work?

7. What action are you requesting the library take in regard to this work?

8. Are there resource(s) you suggest to provide additional information on the topic covered by this work?

Return the completed form to the Library Director, 55 West Main St, Westborough, MA 01581 or email it to mamyot@town.westborough.ma.us. All submissions will be acknowledged, and you will be informed of the decision and the date your Request for Reconsideration will be discussed by the Library Trustees.