

Request for Reconsideration Form Hubbardston Public Library

Date _____

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

Do you represent yourself? _____ Or an organization? _____

Name of Organization _____

Have you read Hubbardston Public Library's Collection Development Policy? Yes / No

Item(s) of concern:

Title _____

Author/Producer _____

Type of material? (e.g. book, movie) _____

What brought this resource to your attention? _____

Have you examined the entire resource? Yes / No

If not, what sections did you review? _____

Have you checked reviews of the work? Yes / No

If yes, please cite which reviews? _____

What concerns you about the resource? Please be as specific as possible.

How could your concerns about the resource be resolved?

What action are you requesting the library consider?

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

Patron Signature: _____ Date: _____

Library Director Signature: _____ Date Received: _____

Only signed forms will be considered.

The Library Director will respond to this form in writing within 30 days.