

Request for Reconsideration of Library Materials Form

Please complete the form below in its entirety and return to the attention of the Library Director at Reuben Hoar Library, 35 Shattuck Street, Littleton, MA 01460

This form must be submitted with all fields completely filled out. Incomplete forms cannot be accepted and will not trigger the reconsideration process.

Date: _____

Full Name: _____

Address: _____

Phone: _____ Email: _____

Are you a Littleton Cardholder? _____

Please check:

Do you represent yourself? _____ Or an organization? _____ Name of organization: _____

1. Resource on which you are commenting:

_____ Book (or eBook) _____ Magazine _____ Digital Resource _____ Newspaper
_____ Movie _____ Audio Recording _____ Game _____ Other

Title: _____

Author/Producer: _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? If not, which sections did you review?

4. What concerns you about the resource (please be specific and cite pages/location in movie/audiobook)?

5. Are there resources you would suggest to provide additional information and/or other viewpoints on this topic?

6. What actions are you requesting the committee consider?

Signature: _____ Date: _____