

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.