

Wareham Free Library Request for Reconsideration Form

If you wish to request reconsideration of a library resources, please return the completed form to the Library Director, Wareham Free Library, 59 Marion Road, Wareham, MA 02571

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Are you representing yourself or an organization? Myself _____ Organization _____

(Name of organization representing _____)

Please describe the material you are commenting on:

Author _____

Title _____

This resource is a Book _____; Audio Book _____; Music Cd _____;

DVD _____; Magazine _____; Newspaper _____;

Electronic Resource _____; Other (Please list) _____

Are you aware of the Wareham Free Library's Collection Development Policy (Y) (N)

What brought this item to your attention?

Have you read/ listened to/ viewed this item in its entirety? (Y) (N)

If no, which parts have you read, listened to or viewed?

What is it about this item that concerns you? (Please be specific)

What do you feel the effect of reading/ listening to/ viewing the material might be?

For what age group would you recommend this work?

Have you read any professional reviews about this work? If so, what?

Do you believe there is anything you do recommend about this work? If so, what?

In its place, what material of equal or better quality would you recommend?

What would you like the library to do with this material?

Have you read the American Library Association's Library Bill of Rights and Intellectual Freedom Statement? (Yes) (No)

Additional Comments:

Patron Signature _____ Date _____

You will receive notification of receipt of this form within 7 days and a decision from the library director within 30 days.

*****for staff use*****

Date Received:

ACTION TAKEN:

Library Director _____ Date _____