

Lanesborough Public Library Request for Reconsideration

The Trustees of **Lanesborough Public Library** have established a materials selection policy and a procedure for gathering input about particular items or programs/events. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, program, or event please return the completed form to the library director.

Lanesborough Public Library

83 North Main Street PO Box 352

Lanesborough, MA 01237

Date _____

Name _____

Address _____ City _____

State/Zip _____

Phone _____ Email _____

Do you represent yourself? _____ Or an organization? _____

Name of Organization _____

Resource on which you are commenting:

- | | | | |
|-----------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> Magazine | <input type="checkbox"/> Digital/online | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> (e-book) | <input type="checkbox"/> Audio Recording | <input type="checkbox"/> Reference | <input type="checkbox"/> Other |
| <input type="checkbox"/> Movie | <input type="checkbox"/> Game | <input type="checkbox"/> Program/event | |

Title _____

Author/Producer _____

2. What brought this resource or program/event to your attention?

3. Have you examined the entire resource or program/event details? _____ If not, what sections did you review? _____

4. What concerns you about the resource, program, or event?

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

6. What action are you requesting the committee consider?
