

Leverett Library Request for Reconsideration of Material Form

The Trustees of the Leverett Library have established a materials selection policy and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director at
Leverett Library P.O. Box 250, 75 Montague Rd. Leverett, MA 01054

Date _____

Name _____

Address _____

City, State/Zip _____

Phone or Email _____

Do you represent self? ___ Or an organization? ___ Name of Organization _____

1. Resource on which you are commenting:

___ Book (e-book) ___ Movie ___ Magazine ___ Audio Recording

___ Digital Resource ___ Game ___ Newspaper ___ Other

Title _____

Author/Producer _____

2. What brought this resource to your attention? _____

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

4. What concerns you about the resource? _____

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

(Over)

6. What action are you requesting the committee consider? _____

(Over)