

**ACTON MEMORIAL LIBRARY
REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES**

If you wish to request reconsideration of library resources, please return the completed form to the Director, Acton Memorial Library, 486 Main St., Acton, MA 01720.

Name _____

Address _____

Phone _____ Email _____

Do you represent self? _____ Organization? _____

1. Resource on which you are commenting:

_____ Book _____ DVD _____ Magazine _____ Audio Recording

_____ Electronic information/network _____

_____ Other (please specify) _____

2. Title _____

Author/Artist/Producer _____

3. What brought this resource to your attention?

4. Have you examined the entire resource? _____ If not, what parts did you examine?

5. What concerns you about the resource? (use other side or additional pages if necessary)

6. Are you aware of the critical opinion of this work?

7. What would you like the library to do about this work?

Signature _____ Date _____

The library will review your request and respond within 45 days.