

# ACTON MEMORIAL LIBRARY

## REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES

Occasionally an individual or group may feel strongly about a particular item's inclusion or exclusion from the collection. Formal requests by Acton residents with an active library card for acquisition or removal of specific items shall be submitted in writing to the Library Director, using this form. All requests for reconsideration will be submitted (without patron information) to the American Library Association's Office of Intellectual Freedom

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 30 business days.