

Merrick Public Library

REQUEST FOR RECONSIDERATION FORM

The Merrick Public Library Board of Trustees 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.

Merrick Public Library
2 Lincoln Street
Brookfield, MA 01506

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do you represent yourself? _____

Or an organization? _____ Name of Organization _____

Or a group? _____ Name of Group _____

1. Resource on which you are commenting:

___ Book

___ Movie

___ Magazine

___ Audio Recording

___ Digital Resource

___ Game

___ Newspaper

___ Display

___ Program

___ Other (please explain): _____

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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 any resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting the library consider?
