Chelmsford Public Library
Request for Reconsideration of Library Materials

Request initiated by:
Name ____________________________________________________________
Address ____________________________________________________________________________
City __________________________ State/Zip __________________________
Phone __________________________ Email __________________________

Do you represent
__Yourself
__An Organization/Group ____________________________________________

1. Item on which you are commenting:
   ___ Book (e-book) ___ Movie ___ Magazine ___ Audio Recording
   ___ Digital Learning Resource ___ Game ___ Newspaper ___ Other

   Title ____________________________________________________________________________

   Author/Producer/Creator ____________________________________________________________

   Collection ___ Adult ___ Young Adult ___ Children’s

2. What brought this item to your attention?
_________________________________________________________________________________

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

4. Are you aware of reviews of this item?
_________________________________________________________________________________

5. What concerns you about the item (please be specific and cite pages/times)?
_________________________________________________________________________________

6. What action are you requesting the collection manager consider?
_________________________________________________________________________________

7. What item covering the same topic would you recommend in its place, why?
_________________________________________________________________________________

Signature _______________________________ Date _______________________________
