

# **Request for Reconsideration of Material**

The Trustees of Pillsbury Free 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.

Pillsbury Free Library  
18 East Main Street  
PO Box 299  
Warner NH 03278

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you represent self? \_\_\_\_ Or an organization? \_\_\_\_

Name of Organization \_\_\_\_\_

1. Resource on which you are commenting:

Title \_\_\_\_\_ Format \_\_\_\_\_

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? \_\_\_\_\_

6. What action are you requesting that the library consider?

\_\_\_\_\_

**Report of Decision on Reconsideration Request**

Date request received \_\_\_\_\_

Title \_\_\_\_\_

Author/Producer \_\_\_\_\_

Has every member of the committee read the material entirely? \_\_\_\_\_

If not, why? \_\_\_\_\_

Resources consulted: (include policies, articles, reviews etc.)

\_\_\_\_\_  
\_\_\_\_\_

Reconsideration committee recommends:

\_\_\_\_\_

Justification and comments: (include majority and minority positions)

\_\_\_\_\_  
\_\_\_\_\_

Signatures of Reconsideration Committee Members:

\_\_\_\_\_

Date: \_\_\_\_\_

Copy of this report is forwarded to:

\_\_\_\_\_  
\_\_\_\_\_