

Hubbard Memorial Library

Request for Reconsideration

Title of Material to be Reconsidered: _____

Author of Material to be Reconsidered: _____

Did you read or view the entire work? Yes: _____ No: _____ Amount: _____

What is objectionable about the material, and how do you expect it to affect the users of the Library? (Be specific; cite page numbers or other particular references. Use back of form if necessary.)

Is there anything positive about the material as a whole? (Be specific; cite page numbers or other particular references. Use back of form if necessary.)

Have you consulted an evaluation of this work by experienced critics? No: _____ Yes: _____

(If "Yes", please cite): _____

What are your specific recommendations to the Library regarding this work?

Would you recommend this material for a specific age group? _____

If you are suggesting removal of the item, what work of equal value do you recommend for replacement?

Received By: _____

The Hubbard Memorial Library values the opinions of all members of the community. Please be advised that this completed form will appear in the Library Board of Trustees Report which is a public document.

Name: _____

Representing: Self: _____ Organization (Name): _____

Signature: _____ Date: _____