

**Bancroft Memorial Library      50 Hopedale Street | Hopedale, Massachusetts 01747**  
**(508) 634-2209 | FAX (508) 634-8095**

## **REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS**

*The Trustees of the Bancroft Memorial Library have established a materials selection policy and a procedure for gathering input about individual items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a library resource, please return the completed form to the Library Director, Tricia Perry, Bancroft Memorial Library, 50 Hopedale Street, Hopedale, MA 01747 [tperry@cwmmars.org](mailto:tperry@cwmmars.org). Your request for reconsideration of library materials will be considered by the Library Board of Trustees at their next monthly meeting, and you will be notified in writing of the Board's decision.*

**Request Initiated by:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zipcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Do you represent: Yourself?** \_\_\_\_ **Or an organization?** \_\_\_\_

**Name of Organization?** \_\_\_\_\_

**1. Resource on which you are commenting:**

\_\_\_\_ Book (e-book)    \_\_\_\_ Movie    \_\_\_\_ Magazine    \_\_\_\_ Audio Recording    \_\_\_\_ Digital Resource  
\_\_\_\_ Game    \_\_\_\_ Newspaper    \_\_\_\_ Other (please specify)

**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 resources you suggest that provide additional information and/or other viewpoints on this topic?**

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

**6. What action are you requesting that the Library Director and Trustees consider?**

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

**Signature:** \_\_\_\_\_

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