



Date _____

Request for Reconsideration of Library Resources Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Email Address _____

Are you a Lynnfield resident? _____ Yes _____ No

Do you represent yourself? _____ Organization? _____

1. Resource on which you are commenting:

_____ Book _____ Textbook _____ Video _____ Display _____ Magazine

_____ Library Program _____ Audio Recording _____ Newspaper

_____ Electronic information/network (please specify)

_____ Other _____

Title _____

Author/Producer _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? _____ Yes _____ No

4. What concerns you about the resource? (use other side or additional pages if necessary)

5. Are you familiar with the judgment of this resource by literary or other critics?

6. What do you believe is the theme of this item?

7. What do you feel might be the result of reading/viewing, etc. this book, video, etc.?

8. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

9. What action are you requesting the Lynnfield Public Library consider?

I affirm that the foregoing represents my original thoughts and concerns and have not been copied/pasted from a third party. I understand that this document is a public record and subject to public disclosure per Massachusetts General Law c.66, §10.

Signature

Please return this form to:

Abigail Porter, Library Director
Lynnfield Public Library
18 Summer St.
Lynnfield, MA 01940
aporter@noblenet.org

The Library Director will respond to your request within 30 days. Please see the Lynnfield Public Library Collection Development Policy for more information.

Adapted from Sample Reconsideration Form by the American Library Association [Intellectual Freedom Committee](#), 2018