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: _________________________

Adopted by the Board of Library Trustees. 03/20