



Stevens Memorial Library  
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## ***Request for Reconsideration of Library Materials***

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Type of material on which you are commenting:

- Book
- Audio-Visual Resource (CD, DVD, etc.)
- Magazine
- Newspaper
- Other

Title: \_\_\_\_\_

Author/Publisher/Producer and Date: \_\_\_\_\_

\_\_\_\_\_

*Please answer the following questions (you may use the back of this form or additional paper if needed):*

What brought this resource to your attention?

To what do you object? Please be as specific as possible.

Have you read, listened, or viewed the entire content? If not, which parts?

What do you feel the effect of the material might be?

For what age group would you recommend this material?

In its place, what material of equal or better quality would you recommend?

What do you want the Library to do with this material?