

REQUEST FOR RECONSIDERATION

**Effingham Public Library
30 Town House Road, Effingham, NH 03882**

Please complete this form if you have a concern about an item in the library's collection. The form should be returned to the Library Director.

Name _____

Date _____

Address _____

City _____

State _____

Zip _____

Phone _____

Do you represent self? _____ Organization? _____

Name of
Organization _____

Resource on which you are commenting:

Title _____

Author/Producer _____

Format (book, video, audio, etc.) _____

What brought this resource to your attention?

Have you read, viewed or listened to the entire work?

What do you believe is the theme of this work?

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

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

Signature _____