



11 North Main Street
Sharon, MA 02067-1299
www.SharonPublicLibrary.org

Request for Reconsideration of Library Materials

Date: _____

If you have found materials or library resources about which you have concerns, please complete this form to assure prompt, complete consideration by the Library Director and Board of Library Trustees.

MATERIAL FOR CONSIDERATION

Author/Producer: _____ Publisher: _____

Title: _____

Dewey number: _____ Date/Edition: _____

Type of Material: Book Magazine/newspaper Video/DVD/CD Audio/Bk on CD
 Electronic Database Other: _____

Did you read, view or listen to the entire work or a portion of the work? All Part

Please describe your concerns regarding this material:

What specific pages/sections illustrate your concerns:

How did this material come to your attention:

CONTACT INFORMATION

Your Name: _____

Address: _____ Town/City: _____

Organization Represented: _____

Telephone: _____ Email Address: _____