Request for Reconsideration Form

Date _______________________

Name _______________________

Address _______________________

City _________________________  State _____________________  Zip __________________________

Phone _________________________  Email _________________________

Library Card Number _________________________

1. Please provide the following information regarding the material or program:

   - Type (please circle)
     Book (e-book)  Movie  Magazine  Audio Recording
     Digital Resource  Game  Newspaper  Program/Event  Other

   - Title ______________________________________________________________________

   - Author/Artist/Producer/Presenter ______________________________________________________________________

1. Have you read the Somerville Public Library’s Collection Development or Program Development policies?

2. What brought this material or program/event to your attention?

3. Have you read, viewed, listened to, or participated in the entire work? If not, what sections did you review?

4. Please describe your concerns regarding this material or program/event:

5. Are there any specific examples within the material or program/event that illustrate your concerns?

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

6. What action(s) are you requesting the library consider?

Forms may be submitted in writing to the attention of the Director of Libraries either in person, or c/o Somerville Public Library, 79 Highland Avenue, Somerville, MA 02143. Forms may also be submitted electronically through the Somerville Public Library’s website or via email. For more information about the Library’s reconsideration process please see our Collection Development and Program Development policies.