

ANDOVER PUBLIC LIBRARY
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Material Reconsideration Form:

Your name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

I represent (check all that apply): Myself _____ An organization _____

If you represent an organization, please include your position/title, organization name, address, and contact information:

Information about the item for which you have concerns:

Title: _____

Author: _____

Format (i.e. book, DVD, audiobook): _____

What brought your attention to this material? : _____

Did you read, view, or listen to this material? : _____

Citing as specifically as possible, please explain your concerns about this work. Please include page numbers, track numbers, etc. Additional pages or supplemental material may be attached.

What would you like the library to do about this item?

_____ Consider my opinion; no other action is necessary

_____ Formally review the material

Signature: _____ Date: _____