



**Lenox Library**

18 Main Street  
Lenox, Massachusetts 01240  
(413) 637-0197 [www.lenoxlib.org](http://www.lenoxlib.org)

## Request for Reconsideration of Library Resources Form

The Lenox Library has established a materials selection policy and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the Library Director.

Request initiated by: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Do you represent yourself?  Or an organization?

Name of Organization \_\_\_\_\_

1. Resource on which you are commenting:

Book/e-book  Movie  Magazine  Audio Recording

Digital Resource  Game  Newspaper  Program  Other

Title \_\_\_\_\_

Author/Producer \_\_\_\_\_

2. What brought this resource to your attention?

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3. Have you examined the entire resource? If not, which sections did you review?

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4. What concerns you about the resource?

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5. To what age group would you recommend this resource?

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

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7. What action are you requesting the Library consider? What would you like the Library to do with this resource?

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