

WEARE PUBLIC LIBRARY
Request for Reconsideration of Materials

Author: _____

Title: _____

- Book Audiobook Video Digital Download Game
 Other _____

Your Name: _____

Address: _____

City _____ State _____ Zip _____ Telephone/Email _____

- Do you represent: Yourself An organization (name) _____
 Other group (name) _____

Why do you want this material to be reconsidered? _____

What would you like Weare Public Library to do with this material?

- Re-examine/Re-review it Move it Withdraw it from the collection

Signature: _____ **Date:** _____

PLEASE SUBMIT COMPLETED FORMS TO:
Trustees of the Weare Public Library, 10 Paige Memorial Lane, PO Box 227, Weare, NH 03281
Requests for reconsideration will be reviewed by the Library Trustees at the next regularly scheduled meeting. Response will be communicated to the requestor immediately following trustee review.