Keene Public Library Request for Reconsideration Form

The Keene Public Library has established a policy and a procedure for a request to reconsider the status of resources. Completion of this form is the first step in that procedure. If you wish to request a reconsideration process, please make an appointment with the Library Director and return this completed form.

Name:		Address:	
Phone:		Email	
Signature:		Date:	
Do you represent your Do you have a Keene F	rself? Yes/No Are Public Library card? Yes/	I you a resident of Keene? No	? Yes/No
Do you represent an o	rganization? If yes, orga	nization name?	
Resource on which you	are commenting:	,	,
Book / eBook	Magazine	DVD	Display/Exhibit
/Audiobook			
Library Program	Video Game	Newspaper	Website
Other (please specify)			
Title:			
Author/Producer:			
What brought this reso	ource to your attention?		
Have you read, viewed If not what parts?	I, or listened to the entir	e work or attended the I	Program: Yes/No

What concerns you about the resource? Please be specific and cite page numbers. (Use the other side of the form or additional pages if necessary).
What do you feel might be the result of reading/hearing/seeing this work?
Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?
What action are you requesting the Library to consider?
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