

Request For Reconsideration of a Library Resource

Date:	Name:		Phone:		
Residential Addre	ess:				
			Zip:		
Mailing Address ((if different):				
City:		State:	Zip:		
I represent:	myself 🗌 an organizatio	on. Organization Name:			
Resource fo	or Consideration	Please use additional paper if y	you need more room for an answer.		
Title of Book, DV	D, etc:				
Author/Producer/	Publisher:				
What would you I	like the library to do with t	his resource?			
Did you read, wa	tch, or listen to the entire	work? Yes No			
What do you thin	k might result from expos	ure to this resource?			
Are there resourc	ces you can provide to su	ggest additional information ar	nd/or other viewpoints on this topic?		
	e Gafney Library Collecti rustees? Yes I		tellectual freedom statements formally adopted		
Your Signature: _			Date:		
	P	lease return this completed	form to:		
		Library Director			
		PO Box 517 Sapharpyilla, NH 03871)		
		Sanbornville, NH 03872	2		



About Requesting a Library Resource For Reconsideration

The Gafney Library Board of Trustees has delegated the responsibility for selection and evaluation of library resources to the Library Director and has established reconsideration procedures to address concerns about those resources. Completion of this form is the first step in reconsidering a resource.

If you wish to request reconsideration of a library resource, please return this completed form to:

Library Director PO Box 517 Sanbornville, NH 03872

The Library Director will issue a written decision which may be appealed to the Gafney Library Board of Trustees (Board). In the event of an appeal of the Library Director's decision, the inquiry will be placed on the agenda of the next regular monthly meeting of the Board as long as the request for appeal is received in writing seven (7) days prior to the scheduled meeting. The decision of the Board is final. The Board will issue a written decision to the requesting patron within sixty (60) business days of the meeting.