Bolton Public Library

REQUEST FOR RECONSIDERATION FORM

Name: Click or tap here to enter text.

Complete physical address: Click or tap here to enter text.

Best way to contact (email or phone #): Click or tap here to enter text.

Do you represent (check one):

[ ]  yourself

[ ]  an organization (Name of organization: Click or tap here to enter text.)

Have you read the Bolton Public Library’s Collection Development Policy? (yes/no): Choose an item.

What item, service, or program are you commenting on?

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| --- |
| Click or tap here to enter text. |

Did you read or listen to the entire work, stay for the entire program, view the entire display? Choose an item.

If not, which selected part did you read or view?

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| --- |
| Click or tap here to enter text. |

What are your concerns? Please be specific: cite pages, excerpts, or scenes whenever possible. Attach additional sheets if necessary.

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| Click or tap here to enter text. |

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.