

Richards Memorial Library
44 Richards Ave.
Paxton, MA 10612

Request for Reconsideration Form for Paxton Residents

*Have you read the Richards Memorial Library Materials Selection Policy?
Yes or No (please circle one)

You represent: ___ Yourself ___ An organization - Name of organization if applicable: _____

Name: _____

Address: _____

Phone: _____

Email: _____

What/who is the title, author, performer, or producer of the material or service in question?

Electronic - As stated in our policy, the library does not have control over the content of certain electronic collections, including those administered by the CWMARS consortium or the State of Massachusetts, or over materials that may be available through interlibrary loan from other libraries.

I read, listened to, or viewed this material completely. ___ Yes ___ No ___ Not applicable

I attended the entire program. ___ Yes ___ No ___ Not applicable

I saw this exhibit or display in person. ___ Yes ___ No ___ Not applicable

In your view, the topic or theme of the material, program, exhibit, or display is:

Your objection to the material, program, exhibit, or display is:

What do you feel might be the result of reading this material or viewing this program or exhibit?

Other materials you recommend to provide additional information or points of view on this topic:

How could your concerns be resolved?

This request will be placed on the agenda of the next regular meeting of the Richards Memorial Library Board of Trustees provided there is ample notice as required by Open Meeting Law and the posting of public meeting agendas. Otherwise, it will fall to the following regular meeting.

Patron Signature (required) _____

Library Director Signature _____ Date received _____

A copy of the request form without identifying patron information will be submitted to the American Library Association Intellectual Freedom Committee.

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