

Berlin Public Library Request for Reconsideration Form



All fields must be filled out for form to be accepted
If more space is need, additional sheets of paper may be attached

Date	
Name	
Address	
Phone and/or email	
Library Card Number	

I am filling out this form on behalf of:

Myself An organization

Name of organization:

1. Type of material on which you are commenting (circle one):

Book

Program

Other

Audio

Digital resource

Movie

Periodical

Title:

Author/Creator:

Year of Publication/Creation:

2. How did you learn about this material?

