Bellingham Public Library  
Request for Reconsideration of Library Materials

Author: 
Title: 
Your Name: 
Your Address: 

Your Telephone Number: 
Your Email: 
If you represent an organization or group, please identify the name of the organization or group.

1. To what do you object? (Please be specific and cite pages if referencing a book)

2. Did you find anything of value in this material?

3. Did you read the entire book? If not, what parts did you read?

4. Have you read any published reviews of this material? If so, please list them.

_________________________  
Signature of Requestor

Return to:  Bernadette Rivard  
Library Director  
Bellingham Public Library  
100 Blackstone Street  
Bellingham MA  02019