

New Lebanon Library  
Request for Reconsideration of Library Materials  
(Adopted 4/11/2009)

If you wish to request reconsideration of library materials, please return this completed form to:  
Library Director  
New Lebanon Library  
PO Box 630  
New Lebanon, NY 12125

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Which of the following do you represent?

\_\_\_\_\_ Self

\_\_\_\_\_ Organization (Please specify: \_\_\_\_\_)

Type of resource on which you are commenting:

\_\_\_\_\_ Book

\_\_\_\_\_ Library Program

\_\_\_\_\_ Audio recording

\_\_\_\_\_ Periodical

\_\_\_\_\_ Video / DVD

\_\_\_\_\_ Electronic

\_\_\_\_\_ Other (please specify: \_\_\_\_\_)

Have you examined the material in its entirety? Yes \_\_\_\_\_ No \_\_\_\_\_

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Publisher / Producer: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

