

Winthrop Public Library & Museum
2 Metcalf Square Winthrop, MA 02152

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

(Patron making request must be a resident of Winthrop)

Name: _____ Date: _____

Address: _____

Phone/Email: _____

Item in Question:

Title/Author: _____

Publication Date: _____ Format: _____ Age Group: _____

Please briefly describe your objection to the material in question and the outcome desired:

Signature: _____