



LOUTTIT LIBRARY
274 Victory Highway
West Greenwich, RI 02817
(401) 397-3434

REQUEST FOR RECONSIDERATION OF
LIBRARY MATERIALS: Form

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Do you represent a group? Yes _____ No _____

If yes, please identify: _____

Have you read the Louttit Library Materials Selection Policy? Yes _____ No _____

Type of material: _____

Title: _____

Author/Editor: _____

Publisher: _____

Have you examined the entire resource? Yes _____ No _____

If not, what portions have you examined? _____

What concerns you about the resource? Why? (Please be specific) _____

Have you checked reviews of the work? Yes _____ No _____ If yes, please cite which reviews?

How could your concerns about this resource be resolved?