



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

REQUEST FOR RECONSIDERATION OF LIBRARY PROGRAM: Form

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Do you represent a group? Yes _____ No _____

If yes, please identify: _____

Have you read the Louttit Library Program Policy? Yes _____ No _____

Program title: _____

Presenter: _____

Date of Program: _____

1. What brought this program to your attention?

2. What are your specific objections to this program?

3. What action are you requesting the library to consider?
