



Comment on Library Materials Form

The Library Board of Trustees have established guidelines for selection and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. This form must be completed by a Tiverton resident. Please return the completed form to the Library Director.

Name _____

Address _____

City _____ State/Zip _____

Phone _____ Email _____

Do you represent yourself? ____ Or an organization? ____ (check one)

Name of Organization (if applicable) _____

Have you read Tiverton Public Library's Collection Development Policy? Yes ____ No ____

1. Resource on which you are commenting (check one):

____ Book (e-book) ____ Movie ____ Magazine ____ Audio Recording

____ Digital Resource ____ Game ____ Newspaper ____ Other

Title _____

Author/Producer _____

2. What brought this resource to your attention?

3. Have you examined the entire resource? If not, what sections did you review?

4. What concerns you about the resource?

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6. What action are you requesting library administration consider?

Signature: _____ Date: _____