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: _________________