

Request for Reconsideration

This form must be completed in full, signed, and presented to the library director.

Date: _____

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Do you represent: Yourself An organization - Org. Name _____

Signature: _____

Have you read the Rogers Free Library's Collection Development Policy? Yes No

Have you read the Rogers Free Library's Library-Initiated Program & Display Policy? Yes No

1. Resource on which you are commenting: Book/eBook Movie Magazine Display
 Audio Recording Newspaper Digital Resource Program Other

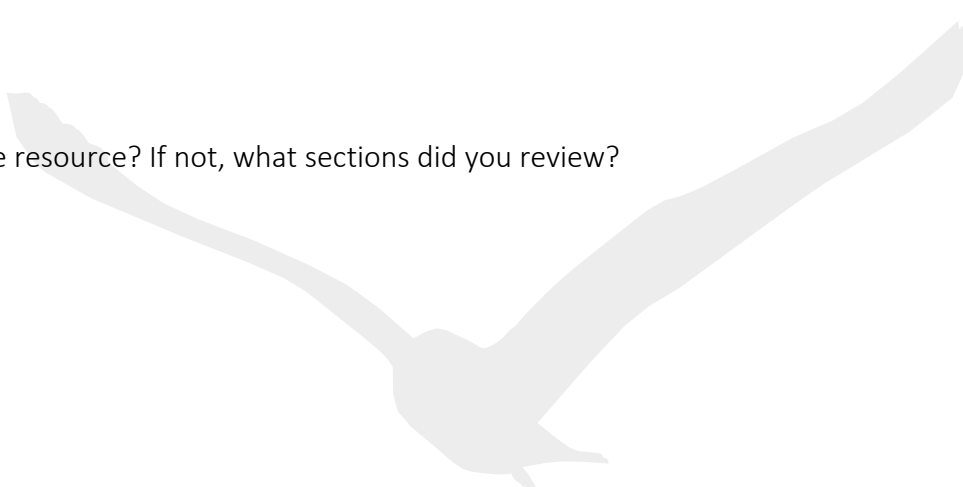
Title: _____

Author/Performer/Producer: _____

Date (if commenting on a program): _____

2. Is the title part of a series? _____
3. What brought this resource to your attention?

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



5. What are your concerns? Please be specific. Site pages, excerpts, or scenes whenever possible.

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

Staff use only:

Date: _____

Staff Initials: _____

Thank you for your comments. The Library Director will acknowledge receipt of this form within 14 business days, and respond within 30 business days regarding your concerns.

This form should be completed in its entirety and mailed to: Rogers Free Library, attn - Library Director, 525 Hope St, Bristol, RI 02809.

A copy of this request form, without identifying patron information, will be sent to the ALA Office of Intellectual Freedom and the Rhode Island Library Association Intellectual Freedom Committee. The request form in its entirety may be publically available per RIGL 38-2.