



East Providence Public Library
Request for Reconsideration of Library Materials

Material For Reconsideration

Author/Editor _____ Publisher/Producer _____

Title _____

Type of Material (book, magazine, newspaper, film, digital material, etc.) _____

Work is included in Adult _____ Young Adult _____ or Children's _____ Collection (check one)

What are your objections to this work? Please be specific: (cite pages, sections, etc.)

Do you believe this work has any value?

What do you think might be the effect of reading/seeing/listening to this work?

Have you read/seen/listened to the entire work? If not, which parts?

Have you checked reviews of this work?

What, in your opinion, is a better work of this type?

Other comments:

Contact Information

Your Name _____

Organization Represented _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ Date: _____

Return form to: Director of Library Services, 41 Grove Avenue, East Providence, RI 02914
The Library welcomes the opinions of all and is open to suggestions.
Your comments will be reviewed and a response will be made to you.