

Request for Reconsideration Form

The Library Board of Trustees and staff realize that the Library may hold programs that will not be deemed suitable by some members of the community. Any request for reconsideration should be addressed by filling out this form. Name, address, and phone number must be included. The library director will respond in writing.

Please complete the following information:

Date of Request: _____ Date of Program: _____

Name: _____ Phone: _____

Address: _____

Title of Program: _____

Do you represent (Check one): Yourself An Organization?

1. How did this program come to your attention? (Recommended by friend, library calendar announcement, publicity announcement etc.) _____

2. What is your objection to this program? Please be specific.

3. What would you like the library to do about this it? _____

4. Additional comments _____

Patron signature: _____ Date: _____

Thank you for your comments.

Staff use only:
Date: _____ Location: _____ Staff Initials: _____