

CARVER COUNTY LIBRARY

REQUEST FOR RECONSIDERATION OF PROGRAM

Title: _____ Date: _____

_____ Staff Initials: _____

Please answer the following questions if you request that this program NOT be presented in the Library. (Use the reverse side of this form if you need additional space for your answers.)

To what do you object? (Please be specific.): _____

Did you see the entire program? Yes No

If not, which portion did you see? _____

Please answer the following questions if you request a program be ADDED to the Library. (Use the reverse side of this form if you need additional space for your answers.)

What is the subject of the program? _____

Have you seen this program? Yes No

Why do you think it should be given in the library? _____

Requested by: Name _____
Address _____
City, State, ZIP _____
Telephone _____ Date _____
Signature _____