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 ______________________________________