

Troy-Miami County Public Library Request for Reconsideration Form for Programs

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	

Who Do you represent (Check one)

<input type="checkbox"/>	Yourself
<input type="checkbox"/>	An Organization

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

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

What would you like the library to do about this?

Additional comments

Patron Signature

Date

Thank you for your comments.

Staff Use only:

Date

Location

Staff Initials
