

Request for Reconsideration of Library Program

To: Reconsideration of Materials/Programs Committee

Date _____

Name _____

Telephone Number _____

Address _____

Town _____

State _____ Zip Code _____

Whom do you represent?

- Myself
- Organization _____ (Specify)

Program to be reconsidered.

1. Have you attended the program?
 - Yes
 - No

If not, why not?

2. To what in the program do you object? Please be specific.

3. In place of this program, what would you recommend that would convey as valuable a perspective on the same subject?

Signature

Print name

The Rabun County Public Library appreciates your interest. You will receive a written reply within two weeks.

Library Manager _____

Date received _____