REQUEST FOR RECONSIDERATION OF AN EXHIBIT

Name _____ Phone _____

Address _____ City, State, Zip _____

Representing: ____ Yourself ____ Organization (Name)

Type of Material to be Reconsidered ____ Exhibit ____ Item in Exhibit ____ Bulletin Board Flyer

Please describe the exhibit/item.

_____

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_____

To what in the exhibit do you object? (Please be specific)

_____

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_____

Did you view the exhibit in its entirety? Yes ____ No ____

If not what parts? _____

Although you object to this exhibit/material, does it have any merit?

_____

_____

What action would you like the Library to take concerning the exhibit?

_____

_____

Your request will be carefully considered by Library staff and forwarded to the Director of Library Services for a decision.

Date _____ Signature _____