

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 \_\_\_\_\_