

Ventress Memorial Library Request for Reconsideration of Library Programs

Completion of this form is required to initiate a formal request for reconsideration of any library program. Requests must be filed at least two weeks prior to the program. After completing this form, please return it to the Library Director.

Name: _____ Date: _____

Address: _____

Email Address: _____

Phone: _____ Preferred Method of Contact: Phone Email

I am filling out this form as an: individual on behalf of an organization.

Group/Organization Name: _____

Program Name/Description:

Name of Presenter/Performer: _____

Department: Children's Teen Adult

Approved by the Ventress Memorial Library Board of Trustees, August 21,
2024 _____

Why do you believe this program should be reconsidered? Please be as specific as possible.

How did you become aware of this program?

Have you attended a program by this presenter in the past? Yes No

Please suggest alternative events that could provide similar information on this topic to support the community:

What outcome would you like to see the Library take?

Signature

Date

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