

**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

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

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

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How did you become aware of this program?

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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:

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What outcome would you like to see the Library take?

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Signature

Date

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