

Lawrence Library

Request for Reconsideration Form

Requests for reconsideration will be reviewed and discussed by the Library Board of Trustees at their next scheduled meeting. The public is welcome to attend.

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Do you represent yourself or an organization? _____

Name of Organization: _____

Resource on which you are commenting:

___ Book

___ Movie

___ Magazine

___ Audio Recording

___ Digital Resource

___ Game

___ Newspaper

___ Exhibit

___ Display

___ Program

Title (if applicable): _____

Author/Producer (if applicable): _____

Please answer the applicable question(s):

1. Have you read, listened to, or viewed the material completely? _____

2. Did you see the exhibit or display in person? _____

3. Did you attend the entire program? _____

3. In your view, the topic or theme of the material, program, exhibit, or display is:

4. Your objection to the material, program, exhibit, or display is:

The material, program, exhibit, or display came to your attention by:

Other materials you recommend to provide additional information or points of view on this topic:
