



REQUEST FOR RECONSIDERATION OF LIBRARY DISPLAY

Display Subject _____ Location _____

Request initiated by _____

Address _____

City _____ State _____ Zip _____ Phone _____

Do you represent: _____ Yourself _____ An organization (name) _____

Other group (name) _____

1. Why do you object to the display? (Please be specific, cite items or multiple items that concern you. Use the back of this form if necessary.)

2. What do you see as the negative impact of the display?

3. What do you feel might be the result of reading, viewing, or listening to this work?

4. Do you have a proposal on how the display might be adjusted to resolve your objection? _____

A written reply from the library will be sent within four weeks after the return of this form.

Signature _____ Date _____