



175 Middlesex Avenue
Wilmington, MA 01887
wilmlibrary.org

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.

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