## Request for Reconsideration of Library Events & Programs Allegany County Library System

(Requests for reconsideration of Library Events & Programs will only be considered if they are received from individual Allegany County residents.)

Request initiated by (nar	me):	
Street Address:		
City:	State:	Zip Code
Phone #:		
Email:		
Have you read the Alleg	any County Library	Events and Programs Policy?
☐ Yes		
□ No		
3. Title of event/program:		
4. Location of event/progra	ım:	

5. Do you have a library card with the Allegany County Library System?	
☐ Yes	
□ No	
☐ Unsure	
6. What specifically causes you to be concerned about this program?	_
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7. Did you attend this event or program in its entirety?	
☐ Yes	
□ No	
☐ Program hasn't happened yet	
8. What do you think would be the result of a patron viewing this material or	
attending this program?	
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9. Is there an age group for which you would recommend this program?				
10. Are there any positive aspects to this event or program?				
11. What would you say the theme or purpose of the event or program is? Did it meet that purpose in your opinion?				
12. Is there an event or program you would recommend in place of this material?				
13. What specific action would you recommend to library leadership?				

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Signature			
Date			
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