

# Request for Reconsideration of Program Presentation

Please complete this form and return it to a staff member.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Do you represent:  yourself  an organization? (check one)

Title of Program: \_\_\_\_\_

Type of Program (Lecture, panel discussion, performance, film screening, workshop, book talk, etc.):

Brief program description (3-4 sentences): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you believe that this program proposal should be reconsidered.

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Thank you for your comment. We value and respect your input. The Library Director will contact you regarding your concerns. Please use the back of this page for further comments, if necessary.

Please note that this form becomes a matter of public record and is subject to Wisconsin Statutes (Wisc. §19.32)

Staff use only: Received on: _____ Staff Initials _____
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