

Hopkinton Public Library
Reconsideration of Library PROGRAMS OR SERVICES Form

Name: _____ Date: _____

Address: _____

E-mail address: _____

Phone: _____ Preferred contact method? Mail / Email / Phone

I am filling out this form: As an individual

On behalf of a group/organization called:

I request that the library reconsider:

A library event A library service

Something else: _____

Note: If you wish to request reconsideration of something in the library's collection, please use the Reconsideration of Library Materials Form.

Please help us identify the program or service in question.

Name/Description: _____

Presenter/Performer (if applicable): _____

Department: Circulation / Reference / Adult (general) / Young Adult / Children's

Any other descriptive information? _____

Please list your reasons for filing this request. Please be as specific as possible. (You may attach pages to this form if needed.)

How did you become aware of this program or service? What do you know about its content and purpose? Have you attended the program (or another event with this presenter) or used the service?

What do you believe might be the result of attending this program/using this service?

Do you see any ways in which this program or service could be of value?

Please suggest alternative events or services that could provide similar information on this topic or support in this area to the community.

What do you want the Library to do about this program or service?

Do you believe that other people should have the right to decide what materials and information are available for you and your family to access? If so, why? If not, why not?

Signature: _____

Date: _____