

explore

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HOPKINTON PUBLIC LIBRARY

RECONSIDERATION OF LIBRARY PROGRAMS FORM

Name _____ Date _____

Address _____

Email Address _____

Phone _____ Preferred Method of Contact Phone Email

What is your relationship to Hopkinton (ie: resident, business owner)

I am filling out this form as an Individual On behalf of a group or organization

Group/Organization's Name _____

Program Name/Description _____

Name of Presenter/Performer _____

Department: Children's Young Adult 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