Request for Reconsideration of Library Programs or Services

Name of program/service for Reconsideration:

Date of program/service:

Program/service is intended for:

Adults______ Teens ______ Children ______ All Ages______

What are your objections to this program/service? Please be specific:

Do you believe this program/service has any value?

What do you think might be the effect of attending this program or receiving this service?

Have you attended this program or received this service?
Other comments:

Contact Information:

Your Name

Organization Represented

Address

Phone

Email

Signature _________________________________ Date: ___________

Return form to:

Library Director, East Providence Public Library, 41 Grove Avenue, East Providence, RI 02914

The Library welcomes the opinions of all and is open to suggestions. Your comments will be reviewed by the Director.