

William B. Ogden Free Library  
RECONSIDERATION OF LIBRARY PROGRAM FORM

Have you read the Library Program Policy? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Date of Program: \_\_\_\_\_

How did this program come to your attention?

What are the specific matters that concern you? (Please be as specific as possible).

Did you personally attend the entire program? Yes: \_\_\_\_\_ No \_\_\_\_\_

Do you feel this program is objectionable for all library users or for a particular age group? What age group?

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

What actions would you like taken in regards to this program?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

*The completed form should be returned to:*

Library Director, C/O William B. Ogden Free Library, PO Box 298, Walton, NY 13856