

GAIL BORDEN PUBLIC LIBRARY DISTRICT
Elgin, Illinois

FORM II

REQUEST FOR RECONSIDERATION OF LIBRARY PROGRAM and/or EXHIBIT

Title of Program/Exhibit: _____

Date of Program/Exhibit: _____

Reconsideration Request initiated by: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ Email: _____

Request represents: _____ Individual

_____ Organization, list name _____

_____ Other, list name _____

1. Have you read the Library Bill of Rights that GBPL supports and adheres to?

_____ Yes _____ No

2. Have you read the Resource Selection Policy of GBPL?

_____ Yes _____ No

3. Do you believe that a public library is an appropriate venue for programs of community interest?

_____ Yes _____ No

If no, why not?

Have you ever attended an event/program/lecture at a Library?

_____ Yes _____ No

If Yes, what was the topic?

4. Why do you believe that this particular program/exhibit should not be available at the public library?

5. What difference, if any, do you see between programs/exhibits hosted by a Library and materials (books, DVDs, electronic resources) housed by a Library?

TODAY'S DATE _____

SIGNATURE _____