



Request for Reconsideration of a Policy

Last Updated Date:

April 13, 2023

Next Review Date:

April 2026

1. Contact Information

Full Name:

Date:

Mailing Address:

Phone Number:

Email Address:

2. Representation

Please indicate who you are representing (select one):

- ☐ Yourself (Library patron)
- ☐ An organization or group

If representing a group or organization, please provide the name:

3. Policy Information

Title or name of the policy you are requesting to be reconsidered:

4. Statement of Concern

Why do you object to this policy?

(Please describe your concern clearly and specifically.)

5. Specific Policy Section

What specific part(s) of the policy do you object to?

(Include section numbers or quotes if possible.)

6. Requested Changes

What changes would you like to see made to this policy?

7. Presentation to the Library Board of Trustees

Would you like to present your concerns to the Library Board of Trustees?

(select one)

☐ Yes

☐ No

Next scheduled Library Board of Trustees meeting:

8. Signature

Signature:

Date:
