## WABASH CARNEGIE PUBLIC LIRARY

188 W Hill S	tr	ee	l
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Wabash IN 46992

## **Request Form for Reconsideration**

Please returi	n completed					
form to any	staff member at:					
188 W Hill St	treet					
Wabash, IN 4	<b>1</b> 6992					
Name	Name Phone Number					
Email	_				_	
Address						
City		State		Zip Code		
Whom you re	epresent (please	circle one):				
Yourself	Your Child	Organization				
Resource for	Reconsideration	(please circle one)				
Book	Ebook	Event/Program	Nev	wspaper		
Magazine	Movi	e D	isplay	Audiobook		
Website Con	tent (please spe	cify):		_		

## Request Form for Reconsideration – p.2

If it is for an Event or Display what date did you attend/view? Also, did you view the entire event/display?	<u>3</u>
How did you hear about this material/event/display?	
Reasons you want us to reconsider the material/event/display? Why do you object to the	content?
What parts are you objecting? Please be as specific as possible.	
How would you like the library to reach out to you?	
Thank you for filling out this form. The director will reach out to you within 14 business dathis form.	ys of receiving
Approved by the Library's Board of Trustees	
March 3, 2021	