Reviewed & Approved: 07/15/2025

INDIAN RIVER AREA LIBRARY
Request for Reconsideration of a Library Program

This form must be fully completed by a patron of the Indian River Area Library and returned to the Library Director for the program to be reconsidered.

Requested by: _____ Date: _____

Address: _____ ZIP: _____

Telephone: _____ Library Card #: _____

Representing: Self ____ or Organization ____ Name of Organization: _____

Title of Program: _____

Presenter Name: _____

When is/was the program scheduled? _____

How did you hear about the program? _____

_____

Did you attend the program until the end? Yes ____ No ____
Which staff member have you spoken to about this program? _____

What is your objection to the program? (Please be as specific as possible)

_____

_____

_____

What do you feel might be the result of attending the program?

_____

_____

What would you like the Library to do? _____

_____

_____

Signature of requestor: _____

Name of staff member receiving completed form: _____ Date: _____

Although careful consideration is given to all programs, we are always willing to re-evaluate. You will be notified of the outcome.