

*Upper Merion Township Library Request For Program/Service Reconsideration Form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred contact method? Mail / Email / Phone

I am filling out this form:

As an individual

On behalf of a group/organization called: \_\_\_\_\_

I request that the library reconsider:

A library event  A library service

Something else: \_\_\_\_\_

Note: If you wish to request reconsideration of something in the library's collection, please use the *Upper Merion Township Library Request For Material Reconsideration Form*.

Please help us identify the program or service in question.

Name/Description: \_\_\_\_\_

Presenter/Performer (if applicable): \_\_\_\_\_

Department: Circulation / Reference / Adult (general) / Young Adult / Children's

Any other descriptive information? \_\_\_\_\_

Please list your reasons for filing this request. Please be as specific as possible. (You may attach pages to this form if needed.)

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How did you become aware of this program or service? What do you know about its content and purpose? Have you attended the program (or another event with this presenter) or used the service?

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What do you believe might be the result of attending this program/using this service?

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Do you see any ways in which this program or service could be of value?

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

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What do you want the Library to do about this program or service?

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Do you believe that other people should have the right to decide what materials and information are available for you and your family to access? If so, why? If not, why not?

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

Address Completed form to: Library Director  
Upper Merion Township Library  
175 W. Valley Forge Rd.  
King of Prussia, PA 19406