

Request for Reconsideration of Display/Exhibit

Name of Display/Exhibit: _____

OKRLS Branch: _____

Request initiated by: _____
Full Legal Name

OKRLS Card Number: _____

Address: _____
Street, or P.O. Box City State Zip

Phone Number: _____ Email Address: _____

Do you represent an organization or group? Yes _____ No _____

If yes, what is the name of the organization or group you represent? _____

1. To what do you object in the display/exhibit noted above?

2. What do you feel might be the result of viewing this display/exhibit?

3. What would you like the library to do about this display/exhibit?

_____ Remove this part of the display/exhibit: _____

_____ Remove the entire display/exhibit

_____ Other; Please explain: _____

SIGNATURE

DATE
