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 ____________

Request for Reconsideration of Display/Exhibit Form (Ref. Displays & Exhibits Policy)

Approved by Regional Library Board of Trustees on February 5, 2024