

## Request for Reconsideration of Library Programs or Services

Name of program/service for Reconsideration:		
Date of program/service:		
Program/service is intended for:		
Adults Teens Children All Ages		
What are your objections to this program/service? Please be specific:		
Do you believe this program/service has any value?		
What do you think might be the effect of attending this program or receiving this service?		
Have you attended this program or received this service?		

Other comments:	
Contact Information:	
Your Name	
Organization Represented	
Address	
Phone	
Email	
Signature	Date:
Return form to:	
Library Director, East Providence Public Library, 41 Gro RI 02914	ove Avenue, East Providence,
The Library welcomes the opinions of all and is open to will be reviewed by the Director.	suggestions. Your comments