



Request for Program Reconsideration

To be considered each form must be signed and filled out in its entirety.

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Do you represent (please check one)

- An organization (name): _____
- Yourself
- Other (name): _____
- Group (name): _____

Type of Program

- Adult
- Children
- Young Adult
- Family
- Virtual
- Other _____

Title of Program: _____

Date of Program: _____

What brought this program to your attention?

Did you attend the program: YES NO

Malvern Public Library
Request for Program Reconsideration

To what do you object? Please be as specific as possible.

What effect do you feel the program may have or has had?

Patron Signature (required for consideration): _____