Request for Reconsideration		
	Please complete this form and return it to a staff member.	
		Date
TUSCARAWAS COUNTY PUBLIC LIBRARY SYSTEM		Phone
FUBLIC LIDRART STSTEM		
121 Fair Ave. NW New Philadelphia, OH 44663		StateZip
	Email	
	Do you represent: 🗆 yourself 🛛 an organization? (check one)	
What type of material		
or service are you commenting on?	□Music CD □ Display/Exhibit	
-	□ Internet Resource/Site □ Other (brief description)	
What item/program/ display/exhibit are you commenting on?	If commenting on an item, what	is the title and author/performer/producer?
	If commenting on a program/dis	splay/exhibit, what is the title and the date?
How did this title/event/ display/program/exhibit come to your attention?	. ,	ber, review, friend's recommendation, found ary calendar announcement, publicity
Did you read or listen to the entire work, stay for the entire program, or view the entire display? If not, which selection or part did you read or view?		
What is it that you find objectionable? Please be specific; cite pages, excerpts, or scenes whenever possible.		
Staff use only: Agency Staff Initials	Thank you for your comments. A member concerns. Please use the back of this pag	of our Administrative Staff will contact you regarding your e for further comments if necessary.