CEDAR FALLS PUBLIC LIBRARY
Request for Reconsideration of a Policy

Date: _____

Request initiated by: _____

Address: _____ *Phone:* _____

Email address: _____

Complainant represents:
_____ *Patron:* _____

_____ *Group:* _____

Policy: _____

_____

1. Why do you object to this policy? _____

_____

_____

2. What specific part of this policy do you object to? _____

_____

_____

3. What changes would you like to see in this policy? _____

_____

_____

Would you like to present your concerns to the Library Board of Trustees?

Yes No (circle one)

The next Library Board of Trustees meeting is: _____

_____
Signature of Complainant

Return to Library Director, Cedar Falls Public Library
524 Main Street, Cedar Falls, IA 50613

Reviewed 9/2/15, Approved as amended 12-4-19