

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/Revised: 09/02/2015, 12/04/2019