Mid-Columbia Libraries
Program Development Policy
Request for Reconsideration of a Program

Name_____ Date_____

Address_____

City_____ State_____ Zip_____ Phone_____

Email Address_____

1. Program on which you are commenting: _____

2. Did you read the event description? ☐ Yes ☐ No

3. Did you attend the program? ☐ Yes ☐ No ☐ N/A, hasn't occurred yet

4. Have you read our Programming Development Policy? ☐ Yes ☐ No

5. What concerns you about the program? Use other side or additional pages if necessary. Please be specific.

6. What action do you believe the library should take?

7. What other types of program(s) would you be interested in the library hosting?

_____   _____
Signature of Library Customer/Date   Received by MCL Staff/Date

Original: Community Libraries Director
Copy: Programming Manager