

HIGHLAND PARK PUBLIC LIBRARY

REQUEST FOR RECONSIDERATION
OF LIBRARY PROGRAMS

Program _____

Program Date _____

Request initiated by _____

Address _____ Telephone _____

What brought this program to your attention?

Please comment on the specifics that concern you.

What would you like the Highland Park Public Library to do about this program?

Signature _____ Date _____

Return to:
Library Director
Highland Park Public Library
31 N 5th Ave
Highland Park, New Jersey 08904