



**Winnetka-Northfield**  
PUBLIC LIBRARY DISTRICT

**Request for Reconsideration of Program**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

Are you a resident of Winnetka-Northfield Public Library District?  Yes  No

Have you read the District's [Program Policy](#)?  Yes  No

Does a reasonable timeframe (2+ weeks) exist until the scheduled program date?  Yes  No

What is the program you are commenting on?

Title \_\_\_\_\_ Program Date \_\_\_\_\_

In your view, the topic or theme of the program is:

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Your objection to the program is: (Please be specific.)

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The program came to your attention via: \_\_\_\_\_

What specific action(s) are you requesting the District consider and why?:

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