

Simsbury Public Library
Statement of Concern About Library Displays & Exhibits



Legal Patron Name _____

Address _____

Phone _____ Email _____

Audience ___ Adults ___ Families ___ Teens ___ Children

Other _____

Do you represent yourself? ___ Yes ___ No

Do you represent an organization? (Please specify) _____

What brought this display/exhibit to your attention?

What are your concerns about the display/exhibit? Please be specific.

Did you share your concerns about the display/exhibit with Library staff? What was their response?

What, in your opinion, were the positive aspects of the display/exhibit?

What program(s) would you recommend to replace or supplement this display/exhibit?

Patron Signature _____ Date _____

Please complete, sign and date this form. To be considered each form must be filled out in its entirety and signed.

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Reconsideration requests are not confidential patron records under [section 11-25 of the general statutes](#).

Return To:
Simsbury Public Library
Attention Library Director
725 Hopmeadow St
Simsbury, CT 06070

Date Received _____	Received by _____	Date Received by Library Director _____
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~Approved by the Library Board of Trustees October 20, 2025