

EXHIBITED ART RECONSIDERATION REQUEST FORM

REQUESTOR INFORMATION

Name: _____

Address: _____

Phone Number: _____ Email: _____

Art Piece Information

Branch Location: Arbor Hill/West Hill Bach Delaware Howe North Albany
 Pine Hills Washington Ave.

Title: _____

Artist (s): _____

Description: _____

Action you would like taken regarding this item: Remove from public viewing Other _____

Have you personally viewed the work? Yes No

What do you believe is the purpose of this material? _____

Please share your reasons for requesting reconsideration of this item. Please be specific, and attach additional sheets if needed.

Signature

Date