Pikes Peak Library District  
Request for Reconsideration of an Exhibit

Title of exhibit ________________________________________________________________  
Exhibitor/Artist name _________________________________________________________  
Dates of exhibit _________________ Library location or virtual _________________________  
Did you view the entire exhibit? Yes ___ No ___  Amount viewed _____________________  
What did you object to in the exhibit? Please cite specific examples.  
____________________________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________  
What do you believe is the theme of the exhibit?  
____________________________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________  
Is there anything you can recommend or feel is positive about the exhibit? Does it have any value?  
____________________________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________  
What do you feel might be the result of exposure to this exhibit?  
____________________________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________  
What are your specific recommendations to the Library regarding this work?  
____________________________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________  
Did you read the Exhibit Policy? (ppld.org/policies)  
Yes ___ No ___  
Pikes Peak Library District values the opinions of all members of the community. Please provide your contact information on the next page so that we can follow up with you.
Name __________________________________  Library card number __________________
Address ________________________________________ Phone _________________

Do you represent:

☐ Yourself
☐ An organization (name) ____________________________
☐ Other group (name) ________________________________

Signature _________________________________________ Date __________________

Pikes Peak Library District
P.O Box 1579
Colorado Springs, CO 80901

PPLD Staff

Received by __________________________ Location ___________ Date ______

If the exhibit is in a library, please give the form to the location manager. If it is virtual, send the form to the Director of Creative Services.