



WEB FILTERING

REQUEST FOR RECONSIDERATION FORM

Please complete this form to request that a web site be blocked or unblocked on the public computers and wireless network. Library staff will review the request usually within two weeks. Customers providing contact information will be notified of the decision.

DATE: _____

BLOCK UNBLOCK
(CHECK ONE)

WEB SITE NAME: _____

WEB SITE ADDRESS (URL): _____

REASON:

NAME (optional): _____

ADDRESS (optional): _____

PHONE NUMBER (optional): _____

EMAIL ADDRESS (optional): _____

