



**AURORA**  
Public Library District

**Request for Reconsideration of Library Materials Form**

Title: \_\_\_\_\_

Author/Artist: \_\_\_\_\_

Publisher: \_\_\_\_\_

Copyright Date: \_\_\_\_\_ Format: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Why should this item be reconsidered? (Please be specific)
2. To what in the work do you object? (Please be specific and cite examples)
3. Did you read/view/listen to the entire work? (yes or no)
4. Additional Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date