



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