Approved May 9, 2001 Board of Directors

Aurora Public Library Request for Reconsideration of Library Materials Form

Title: ____________________________________________________________
_________________________________________________________________

Author: ____________________________ Publisher: ________________________

This is a: ____book ___magazine ___recording ___video ___other: ____________

Request initiated by (your name): __________________________________________

Address: ___________________________________________________________________

City: _____________________________ State: ________ Zip: ___________

Phone: ____________________________

Do you represent:____ yourself

_____ An organization (name):____________________________________

Other group (name): ___________________________________________

1. To what in the work do you object (please be specific; cite page numbers):

2. Did you read/view/listen to the entire work? ____yes ____no

   If not, which parts have you read/viewed/listened to?

3. What do you feel might be the result of reading/viewing/listening to this work?

4. For what age group would you recommend this work? ______________________

5. What do you believe is the theme of this work?

6. Are you aware of judgments of this work by literary critics? __________________

7. What would you like the Library to do about this work?

8. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

   Signature _________________________________ Date __________________

(Form approved 5/9/01)