

100 E. Abriendo Ave. Pueblo, CO 81004-4290

REQUEST FOR RECONSIDERATION OF MATERIAL

Please complete this form which will be used by a review committee appointed by the Executive Director of the Pueblo City-County Library District. After the committee makes a recommendation regarding your request, you will be notified in writing of the library's decision.

Name			
Address			
City Zip		Telephone	
Representing: \Box Self \Box (name o	f organization/grou	p)	
Title			
Author			
Publisher		Date Published	
Did you read/listen to/watch the entire iter	n? l	f not, what part(s)?	
What do you believe is the subject of this	item?		
To what in the material do you object? (PI	ease be specific)		
What are your recommendations concern	ing the material?		
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Customer Signature	Ī	Date	

Note: Send original to the Executive Director