

AMITYVILLE PUBLIC LIBRARY

MATERIALS REVIEW FORM

A Materials Review Form is provided in recognition of the diversity of opinion regarding certain materials.
Please complete to facilitate a re-examination of the specific material.

TITLE _____

AUTHOR _____

PUBLISHER _____

DATE OF PUBLICATION _____

PATRON NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

<input type="checkbox"/>	BOOK
<input type="checkbox"/>	PERIODICAL
<input type="checkbox"/>	FILM/VIDEO RECORDING
<input type="checkbox"/>	SOUND RECORDING
<input type="checkbox"/>	OTHER

TELEPHONE _____

SIGNATURE _____

DATE _____

1. What did you find objectionable in this work (cite specific Pages)? _____

2. Did you read, view or hear the entire work? ____ If not, what parts read, viewed or heard? _____

3. Is there any value to this work? _____ If so, what? _____

4. Other Comments _____

Please be apprized that following an evaluation of the above described, a decision will be communicated to you.