

LIBRARY MATERIALS REVIEW REQUEST

Date _____

Title _____

Book

Periodical

AV Material

Other

Author _____

Publisher (if known) _____

Your Name _____

Telephone _____

Address _____

City _____ State _____ Zip _____

To what in the work do you object? (Please be specific. Provide page numbers.) _____

Did you read/view/listen to the entire work? _____

Which parts? _____

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

What do you believe is the purpose of this work? _____

Have you read reviews of this work by literary/film/music critics? _____

What would you recommend the library do about this work? _____

Please complete this form and return it to your library or mail to:

**CEO
Columbus Metropolitan Library
96 S. Grant Ave.
Columbus, OH 43215**