

**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.