



LIBRARY MATERIALS REVIEW REQUEST

Your Name: _____

Library Card Number: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Please provide more information on your request for review:

- Book or Periodical Audiovisual Material Program Display/Exhibit Other

Title/Name: _____

Author/Creator: _____

How did this come to your attention? _____

Did you read/listen/view the entire work, program, or display? If not, which specific parts did you read/listen/view? _____

To what specifically do you object? (Provide details, including page numbers or time stamps if known.)

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

Have you read any reviews of this work (if applicable)? If so, from what source?

What is your desired outcome?

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

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