

**Audio Visual Material**

Format: Video (\_\_\_) DVD (\_\_\_) CD (\_\_\_) Other \_\_\_\_\_

Author \_\_\_\_\_ Call # \_\_\_\_\_

Title \_\_\_\_\_

1. Did you view/listen to the entire work? Yes ( \_\_\_\_\_ ) No ( \_\_\_\_\_ ) If not,

which parts? \_\_\_\_\_

\_\_\_\_\_

2. What specifically do you find objectionable in this work? (Please explain and cite approximate place, i.e. 20 minutes into the film, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What do you think could result from other people viewing/listening to this work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reconsideration initiated by \_\_\_\_\_

(Please Print Name)

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)

Date Received \_\_\_\_\_ by \_\_\_\_\_

(Staff Member)

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(Use other side for additional comments.)*This form is not confidential. The Materials Selection Policy of the Elmhurst Public Library states that the Board of Trustees will be notified of the receipt of all such completed forms.*