



**NATIONAL LIBRARY OF JAMAICA  
REQUEST FOR ITEMS FROM THE AUDIO VISUAL DEPARTMENT**

***NB - Please see reverse side for Terms and Conditions***

NAME		NAME OF INSTITUTION/COMPANY	
POSTAL ADDRESS			
TEL. #	FAX #	E-MAIL ADDRESS	
DETAILED DESCRIPTION OF MATERIAL / INFORMATION REQUIRED (attach additional sheet if necessary)			
PURPOSE OF REQUEST: _____			
<input type="checkbox"/> IN-HOUSE VIEWING <input type="checkbox"/> ROUGH VIEWING (for off-site use) <input type="checkbox"/> IN-HOUSE LISTENING			
If for Commercial purposes, please read overleaf before completing sections A - E:			
<b>A) SPECIFY HOW PRODUCTION WILL BE DISTRIBUTED AND TITLE OF PROPOSED PROGRAMME OR PRODUCT IN WHICH THE MATERIAL WILL BE USED:</b>			
<b>B) NAME OF BROADCASTING HOUSE / EDITOR/ PRODUCER/ DIRECTOR</b> <i>(If known)</i>		<b>C) STATE WHETHER VISUAL (MOVING IMAGE) or AUDIO</b> <i>(If known)</i>	
<b>D) OTHER RELEVANT INFORMATION</b>		<b>E) PROPOSED DATE OF PRODUCTION</b>	
<b>FORMAT REQUIRED (Tick One) ✓</b>			
<input type="checkbox"/> VHS <input type="checkbox"/> Beta <input type="checkbox"/> DVD <input type="checkbox"/> Mini DV		<input type="checkbox"/> Audio Cassette <input type="checkbox"/> CD	
(See overleaf for TERMS AND CONDITION FOR USE) NAME (Please print)		SIGNATURE: _____ DATE: _____	
<b>FOR OFFICIAL USE ONLY</b>			
REQUEST RECEIVED BY:	SUMMITTED TO:	DATE (received) _____	
Name (R & I Dept.)	Name (AV Dept.)	DATE (submitted to AV Dept.)	
Signature: _____	Signature: _____	_____	
ACTION TAKEN:			
_____			
REQUEST HANDLED BY:			



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8. Signed requests may be sent by mail to the Executive Director, National Library of Jamaica, 12 East Street, Kingston, Jamaica. Fax 922-5567 **or** by e-mail to: [nljaudio@cwjamaica.com](mailto:nljaudio@cwjamaica.com).
9. Response to requests may take up to ten (10) working days owing to the number of requests to be processed or the availability of the item required.