

FULLERTON PUBLIC LIBRARY

LIBRARY PRIVILEGES REVOCATION APPEAL FORM

Date:				
Name:				
Address:				
City:				
E-mail:				
Telephone Nos: (home)	()	(mobile) ()	
Library Card No:				
Reason for Appeal (attac	h additional page	s as necessary):		
Library privileges were re	voked on:			
Police involved (called to	scene, citation is	sued)?		
Comments:				

To appeal this revocation, mail this completed form to: Fullerton Public Library, c/o Library Director, 353 W. Commonwealth Ave., Fullerton, CA 92832 or scan and email this completed form to: libraryreference@cityoffullerton.com within ten (10) days from the Delivery Date of the letter. You may also have the form delivered within the 10-day period by a person whose Library privileges have not been revoked. Upon receipt, the Library Director or her designee will notify the Library Board of Trustees within 30 working days and will convene the Library Privileges Revocation Appeal Committee. The Committee's decision shall be issued in writing within five (5) working days after the hearing.