



FULLERTON PUBLIC LIBRARY

LIBRARY PRIVILEGES REVOCATION APPEAL FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Telephone Nos: (home) (____) _____ (mobile) (____) _____

Library Card No: _____

Reason for Appeal (attach additional pages as necessary):

Library privileges were revoked on: _____

Police involved (called to scene, citation issued)? _____

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 You may also have the form delivered within the 10-day period by a person whose Library privileges have not been revoked.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.