SANTA MONICA PUBLIC
LIBRARY

Request for Appeal of Library Suspension Form

Date: _____
Name: _____
Address:_____
City:_____ State___ Zip Code_____
E-mail address: _____
Phone Numbers: ( ) - cell: ( ) -
Reason for appeal (attach additional pages as necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Signature and date

Return this form to the City Clerk's Office, 1685 Main Street, Santa Monica, CA 90401, within 7 days of the start of the suspension. The suspension remains in effect during the appeal. The Hearing Officer will render a written decision within 30 business days of the City's receipt of the Request for Appeal.

City of
Santa Monica®