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):

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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®