SANTA MONICA PUBLIC LIBRARY

Request for Appeal of Library Suspension Form

Date:	
Name:	
Address:	
City:	State: Zip Code:
Email address:	
Phone Numbers: ()	
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.

