

Avondale Public Library Request for Reconsideration of Library Privileges

In order to have your request receive full and careful consideration, please answer every question completely and return this form to the Library.

	Date:
Name:	-
Address:	_
City, State, Zip:	
Phone Number:	_
Library Card Number:	_
	Full Signature of Requestor
Requestor represents:	
Self:	
Parent:	
Other:	
<u></u>	
Issue that prompted the expulsion:	
Length of expulsion	
	·
Do you understand why you were expelled? Yes	S No
If not, what questions do you have?	



What prompts you to request reconsideration?

	(Please be specific)
How ca	n we be assured there will be no more violations of policies if we reinstate your privileges?
Have yo	ou read the Avondale Public Library's Policy that pertains to your expulsion?
	Yes No

The Avondale Public Library Manager will review this request. After review, you will receive a letter communicating the decision.