City of El Segundo 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: _____ **Date:** _____

Return this completed form to the City Clerk's office at 350 Main Street, El Segundo, California 90245 within 7 days of the start of the suspension. The suspension remains in effect during the appeal. A written decision will be rendered within 30 business days of the City's receipt of the Request for Appeal.