

Request for Appeal of Suspension

Please be aware your request will be reported to the Urbandale Public Library Board of Trustees and will be a matter of public record.

Name of individual/group suspended _____

Address _____ Zip code _____

Phone (____) _____ Email _____

Date of the suspension ____/____/____ Length of suspension _____

Reason for the suspension _____

Reason for requesting an appeal of the suspension _____

Name of individual completing this form _____

Relationship to suspended individual/ group

☐ Self ☐ Parent/Guardian ☐ Group Representative ☐ Other _____

Date ____/____/____

Please send completed form within seven days of the start of the suspension to: Director,
Urbandale Public Library, 3520 86th Street, Urbandale, IA 50322 or to
njanning@urbandale.org