

# Petition to Reinstate Library Use



Date: \_\_\_\_\_

Name(s) of Petitioner/User: \_\_\_\_\_

\_\_\_\_\_

State reason to reinstate Library Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Petitioner/User:

\_\_\_\_\_

Date reviewed by Director: \_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_