

**DECISION REVIEW REQUEST: BOARD APPEAL  
(NOTICE OF DISAGREEMENT)**



**PART I: PERSONAL INFORMATION**

Name (First, Middle, Last)

My preferred mailing address  I am homeless

My preferred telephone number My preferred e-mail address

**PART II: SPECIFIC ISSUE TO BE APPEALED TO THE LIBRARY BOARD**

Specific Issue Date of Decision

**PART III: MY REASONS**

I do not agree with the decision and request reconsideration. My reasons are:

**PART IV: ADDITIONAL INFORMATION**

Additional information the Library Board should consider:

**PART V: EVIDENCE**

I have evidence to submit.  I do not have evidence to submit.  
Please attach the evidence to this form or attach a statement explaining what you intend to submit and when you intend to submit it. You may also submit evidence at a later time, but all evidence must be received prior to the issuance of the reconsideration.

**PART VI: CERTIFICATION AND SIGNATURE**

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature Date Signed