Cranbury Public Library

FORMAL APPEAL

To Be Completed by Library: Date Received: _____

By: _____

Initials: _____

CC to Appeals Committee_____

To Be Completed by Appellant:

1. Name & Address:

2. Telephone Number:

3. Whom do you represent? ___Self ___Organization/Other (specify name below):

4. Do you have legal representation? If yes, provide name and telephone number:

5. Complaint (Attach additional sheets if necessary):

Signature: _____
Signature of Parent, if appellant is a minor:

Director's Response Attached, Date:_____
If you wish to appeal this response, please explain (attach additional sheets if necessary):

Referred to Appeals Committee, Date: _____
Referred to full Board, Date: _____