



# Ban Appeal Form

If you have been banned from Siouxland Libraries for a period longer than two (2) weeks and would like to appeal the decision, complete this form and submit it to:

Siouxland Libraries  
Attention: Director of Siouxland Libraries  
200 North Dakota Avenue  
P.O. Box 7403  
Sioux Falls, SD 57117-7403

Form must be complete for consideration.

A decision will be made within ten (10) days of receipt of the appeal. Until you receive the decision, you are still banned from the library.

**(Please Print Clearly)**

## CONTACT INFORMATION

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## BAN INFORMATION

**Ban Start Date:** \_\_\_\_\_ **Ban End Date:** \_\_\_\_\_

Please explain why you were banned from the library.

*(See second page.)*

Please explain why the library should consider allowing you to return.

If an ADA accommodation is needed to complete this form, please contact the Human Relations Office at 367-8745 or [humanrelations@siouxfalls.org](mailto:humanrelations@siouxfalls.org).

**Library Use Only**

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

Decision:  Approved  Declined

Date for Appeal Review: \_\_\_\_\_

Date Appellant Notified of Decision: \_\_\_\_\_

Appellant Notified of Hearing:  Yes  No