

Manager Signature

Reinstatement of Library Privileges

l,	understand that on	, I was asked to leave the
Pueblo City-County Library District (PCCLD) for a		
www.pueblolibrary.org/PCCLDpolicies.		
That violation led to the suspension of my librar	y privileges for using the library an	d being present on Library property.
This Reinstatement Meeting allows me to resum	ne my library privileges provided th	at I follow the Library Rules of Conduc
as they are reasonably interpreted and determin	າed by Library personnel. Individua	ls who fail to observe the Rules of
Conduct may be asked to leave the Library for a	n additional period of time or may	be subject to arrest or other lawful
action.		
I understand that the PCCLD's Rules of Conduct	are designed to support the follow	ing:
 Protect Library Property 		
Ensure a safe and secure environmentProvide a comfortable and welcoming		
Maintain a healthy and clean environn		
I understand that I was suspended from the Libr	ary for the following Rules of Cond	luct violation and agree to refrain from
violating the Rules of Conduct in the future.		
Nature of Policy Violation:		
I am authorized to resume access to any PCCLD	facility/service/property on	(Date of Reinstatement).
I understand that another similar violation of PC	CCLD's Rules of Conduct, as reasona	ably determined by staff, may result in
additional suspensions with increased length of	time, as deemed appropriate by Li	brary Administration.
I have been provided with a copy of this Reinsta	tement Form and the Library Rules	of Conduct. My signature below
indicates that I understand the meaning of this o	contract and intend to comply with	its terms.
Customer Signature	D	ate
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Date