

Appeal of Suspension to the City of Bloomington Board of Park Commissioners

Please complete this form in its entirety. Use black or blue ink, and write legibly. A copy of the Notice of Suspension issued to the appellant must be attached to this form. Submit the completed form to any employee of the City of Bloomington Parks and Recreation Department.

The appellant will be informed in writing of the date and time the Board of Park Commissioners will hear the appeal. The written notice will be sent to the address provided on this form.

Appellant Name: _____

Local Address: _____

Permanent Address: _____

Phone: _____

Date Notice of Suspension was issued:

Reason for appeal: If additional space is required, attach additional documents to this form.

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For internal use only.

Date appeal received: _____

Date appeal forwarded to Legal Department: _____

Date & time of Board of Park Commissioners hearing on appeal:

Date notice of Board of Park Commissioners hearing mailed: