

PATRON REINSTATEMENT REQUEST FORM

4. What could library staff have done differently?

5. Why should your library privileges be reinstated?

Contact Information: *Reinstatement will not be considered without providing Contact Information.*

Patron Name

**Phone No.
Email**

Address

City

State

Zip

Guardian Information (if applicable):

Guardian Name

**Phone No.
Email**

Address

City

State

Zip

Email to security@buffalolib.org, drop off at the Central Library or mail to: Security Department, Buffalo & Erie County Public Library, 1 Lafayette Square, Buffalo NY 14203.