

☐ OREGON CITY PUBLIC LIBRARY  
**NOTICE OF EXCLUSION  
and Notice of Right to Appeal**

Police Incident Report #

RECIPIENT	Name: Last First Middle			Library Card # or Driver's License/ID #
	Res. Address:	State	Zip	Phone:

*Under the authority of Oregon City Public Library, you are hereby notified that you are prohibited from entering in or using all City of Oregon City Library facilities.*

The basis for this Notice of Exclusion is that on \_\_\_\_\_, you violated # \_\_\_\_\_ of the Patron Behavior Policy.  
Notes:

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**This exclusion is effective beginning on \_\_\_\_\_, and shall remain in effect until \_\_\_\_\_.**

**This is an immediate exclusion.**

You are prohibited from entering or using any City of Oregon City Public Library facility during the effective period of this Notice. If you violate this exclusion notice, you will be reported as trespassing to law enforcement.

As used herein, "City of Oregon City Public Library" includes the Main Library located at 606 John Adams and all Library parking lots and walkways, other than public right of ways.

You are entitled to appeal this Notice of Exclusion. In order to do so, a written appeal must be submitted in writing by 5:00 PM on the fifth calendar day following issuance of this Notice of Exclusion. The appeal must include current contact information (phone number, mailing address, or email address). Appeals may be sent to the following address: Oregon City Public Library, 606 John Adams St, Oregon City, OR 97045 Att: Denise Butcher, Library Operations Manager or at [dbutcher@orcivy.org](mailto:dbutcher@orcivy.org). Any appeal will be heard and finally decided by the City Manager.

**This Notice shall remain in effect while the appeal is being reviewed. A written response from the City Manager, Library Director, or their designee will be sent within 5 calendar days of the receipt of the appeal.**

This Notice of Exclusion was delivered to the person named at the top of this Notice at the date and time shown below by:

\_\_\_\_\_  
(Signature of person issuing/delivering notice)

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

I hereby acknowledge receipt of the above Notice on the date and time indicated above. **Signing is not an admission of guilt, only affirming receipt of the notice.**

\_\_\_\_\_  
(Signature of person being issued the notice)

☐ Patron refused to sign  
Staff signature and date \_\_\_\_\_

Witness \_\_\_\_\_