

**REQUEST FOR WAIVER OF MINIMUM STANDARDS
FOR RHODE ISLAND PUBLIC LIBRARIES**

Please complete and submit a form for each standard. After processing,
a copy will be returned to the library/combined libraries for your records.

Name of city or town: _____

Name of library/libraries: _____

We hereby request a waiver of the following standard: _____

Reason: (Please attach any additional supporting documentation)

Action which will be taken to comply with this standard:

Projected date for compliance with this standard: _____

In the event combined libraries fail to comply with a standard, this form must be signed by all libraries.

Library A: Signature of Director _____ Date: _____

Library A: Signature of Chair/Board of Trustees _____ Date: _____

Library B: Signature of Director _____ Date: _____

Library B: Signature of Chair/Board of Trustees _____ Date: _____

Library C: Signature of Director _____ Date: _____

Library C: Signature of Chair/Board of Trustees _____ Date: _____

City/town: _____

Library/libraries: _____

Standard number: _____

Waiver granted for staff member in professional position:

Position: _____ Name: _____

Waiver granted until (date): _____

Waiver denied (date): _____

Explanation:

Chief of Library Services: _____

Date: _____

To be completed for appeal filing with the Library Board of Rhode Island.

Action taken by the Library Board of Rhode Island:

Date: _____