## **CITY OF MADISON GOODMAN POOL SUSPENSION NOTICE**

NAME:		Date Of Birth:		
ADDRESS:		CITY:	STATE:	ZIP:
On:	at approximately:	AM/PM.		
Violating the City o	of Madison Goodman Pool Beha	avioral Policy. Specifically,	, you were observed:	

Due to the above noted violations of the City of Madison Parks and Goodman Pool's behavioral policies, you have been suspended from the Goodman Pool for a specific period of time. It is important to note that you are not allowed to enter the Goodman Pool during this suspension period. If you fail to comply with this rule and return to the Goodman Pool, you will be considered trespassing and in violation of city ordinance M.G.O Section 23.07(02), which is punishable by a \$439 forfeiture for the first offense.

If the suspension is for 24 hours or less, the suspension decision is not reviewable. If the suspension is longer than 24 hours, you may appeal the determination to the Parks Superintendent or designee by filing a written request to <u>parks@cityofmadison.com</u> or at the Parks Lakeside Offices located at 330 E Lakeside St, Madison, WI 53715, before the suspension expiration period. After review, the Parks Superintendent or designee shall notify you in writing about the decision to uphold, rescind or modify the suspension and specify the reasons for this decision. The determination of the Parks Superintendent may be appealed to the Board of Parks Commissioners by filing a written request with the City Clerk within ten (10) days of the issuance of the Superintendent's decision. Until such time as a suspension has been rescinded or modified by the Parks Superintendent or designee or rescinded or modified by the City of Madison Parks Ranger, you are subject to the terms and conditions of the suspension.

SUSPENSION FROM:	PERIOD OF SUSPENSION:	
STAFF IMPOSING SUSPENSION:		DATE:
White copy to Individual	Yellow copy to Parks	Park Rangers Contacted: Yes or No



