



REQUEST FOR REVIEW OF FINES AND FEES

Name _____ Date _____

Card Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I am requesting waiver of the following amount _____ for Fines _____ Fees _____

Please use this space to provide a full explanation of why you are requesting a review. Attach documentation in support of your request. Your request will be reviewed and responded to within 10 business days.

Multiple horizontal lines for providing a full explanation of the request.

Signature _____

All appeals must be on the Request For Waiver of Library Charges and submitted to the Library Reference Desk with all supporting documentation. The Library Director of designee will consider your appeal and respond within 10 business days. All decisions are final.

FOR STAFF USE ONLY

Date Received: _____

- Approved
- Denied

Justification: _____

Signed
Executive Director (or designee): _____

Date _____