

Patron Account Appeal Form

Thank you for taking the time to formally write a summary of your appeal. Please complete this form and return it to the Customer Service desk at any Library District branch or email it to the address above. We will respond with a written resolution; please allow up to 4 weeks for a response.

ACCOUNT HOLDER INFORMATION (Please print clearly)			
Today's Date:			
Account Holder Name:		Date of Birth:	
Parent/Legal Guardian (if applicable):		Relationship to Child (if applicable):	
Library Card Number:		Amount Disputed:	
Email Address:		Phone Number:	
Street Address:			
City/State/Zipcode:			

BRIEFLY DESCRIBE YOUR REASON FOR APPEAL:

Attach copies of any supporting documentation (police reports, medical, bankruptcies, etc.)

Cardholder Signature: _____ **Date:** _____

STAFF USE ONLY			
Staff:	Branch:	Date:	Shelf Check <input type="checkbox"/>
			III Update <input type="checkbox"/>
CIRC DH:		Date:	Action:
BM/PIC:		Date:	Action:
ASM:		Date:	Action:
Written Response Sent:			Date: