

APPEAL FORM

Please Print Clearly

Date:

Name: _____

I.D.Number: _____

Mailing Address: _____

E-Mail Address: _____

Phone: _____

LIST MATERIALS/CHARGES IN QUESTION (or attach list):

EXPLAIN REASON FOR APPEAL:

_____ Library Use Only _____

Staff Names:

Staff Comments Attached

Fines Waived _____ Fines Not Waived _____ Fines Reduced _____

Date _____

Signed _____

