Fee Dispute Form for Jack Russell Memorial Library - Owned Items

JRML is not obligated to waive fees under any of these circumstances. Each case will be reviewed based on the facts and evidence at the JRML's disposal and the information provided by the patron.

| PLEASE PRINT | |
|---|--|
| Name as it appears on card | |
| Parent Name (required for child's card) | |
| Library Card Number | |
| Current Address, City, State, Zip | |
| Phone Number | |
| E-Mail Address | |

| Tarchit I vanic (10) | quii cu i | of cilia s cara) | | | | |
|---|--|--|---|--------------------------------|--|--|
| Library Card Nu | mber | | | | | |
| Current Address | , City, S | tate, Zip | | | | |
| Phone Number | | | | | | |
| E-Mail Address | | | | | | |
| Best Time to Co | ntact | | | | | |
| Charges Being D | isputed | | | | | |
| List Amount Reason for charge (overdue fine, lost | | Title of | Material | | | |
| item, 1 | | processing fee, etc | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Passon for Disnu | ıting Fo | o(s) (Chock ross | on — Documents | ation mus | t be included when this form is submitted) | |
| Returned on | | Date of the Clai | | tuon mus | be included when this form is submitted) | |
| Returned on Time | | Inside or drive thru book drop (please circle) | | | | |
| Stolen Card | | Date Reported to the Library | | | | |
| | | octor on le | etterhead, with dates indicating a medical | | | |
| | | | dition prevented you from adhering to library rules. This does not require that the | | | |
| | | condition be spe | • | C | ı | |
| Material Sto | Material Stolen If we attach the police repo | | e police report. | | | |
| Fire/Water d | Fire/Water damage If yes, attach the insurance, fire d | | departmer | nt, or landlord documentation. | | |
| to living unit | t | | | • | | |
| Other | · · | | | planation: | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| I believe that the | above f | acts stated in thi | is form are true | : : | | |
| Patron Signature | | | Date | | | |
| Staff Only | | Staff Initials | S | | Date Received | |
| Decision Reached | <u> </u> | | | | | |
| Payment Plan Esta | ablished | ? Term | ns | | | |
| Supervisor Initials | S | | Date | > | | |
| | | | | | | |

Date Patron Informed of Decision____