

OTTERBEIN UNIVERSITY COURTRIGHT MEMORIAL LIBRARY FINE APPEAL FORM

PATRON INFORMATION

Barcode number (begins with 777 & ends with 8888): _____

Otterbein ID Number (8 digit # on ID): _____

Name: _____

Address: _____

Telephone: _____

Email: _____

BILLING INFORMATION

Date of Billing: _____ Amount Being Contested: _____

In the space below, please state your reason for appeal. If you need additional space, please attach additional sheets of paper. Be specific and include as much information as possible including extenuating circumstances. If you have documents to support your claim, please include them. **Please submit a completed form to the Circulation Supervisor at the library.** Once we receive the form, we will review your case using the information you provided to make a decision that is fair to both you and other library patrons. When we make our decision, we will contact you. This may take up to two weeks.

To the best of my knowledge, the above information is accurate and complete

Signature: _____ Date: _____

Do not write below this line

Date Rec'd _____

Approved, all fines waived Denied Partial waive. New Balance \$ _____

Notes:

Reviewer: _____ Date: _____ Reviewer: _____ Date: _____