

# 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: \_\_\_\_\_