Appeal of Library Charges Form



Appeal Process

A Borrower may use this form to submit an appeal if they believe Library charges for lost or damaged items have been mistakenly assessed or if extenuating circumstances warrant reductionor cancellation of the charges.

The Library Director will make a determination within 14 days of receipt of this form. The Borrower will be notified of the outcome via email and a note in the Borrower's record will be made.

Please complete both sides of this form and email it to Alyssa Jobin, Head of Circulation at alyssa@merrimacklibrary.org or drop it off at the Circulation Desk.

Reasons generally not regarded as valid for canceling or reducing charges:

- Lack of knowledge of Library policy
- Disagreement with the Library fine or fee structure
- Inability to pay fees and charges
- Material loaned to a third party
- Non-receipt of Library reminder notice
- Outdated contact information on Borrower's account
- Returning items to other Libraries

Name:	Library Card #:
Parent/Guardian name (if applicab	le):
Address:	
City/State:	Zip:
Phone:	E-mail:
Today's Date:	<u> </u>

Identify the item(s) whose fines and/or fees you are appealing:

In the space below, fully state the reasons for your appeal. Include any relevant facts and extenuating circumstances. Please be specific and complete. Attach additional sheets as necessary.
I have read the Library Appeals information, and I understand the Appeals Process.
Signature:
Signature: For library staff use only:
For library staff use only: Name of Library Staff accepting this form:Date received
For library staff use only: Name of Library Staff accepting this form:Date received Patron has does not have these items (circle one)
For library staff use only: Name of Library Staff accepting this form: Date received Patron has does not have these items (circle one) Please submit the completed form to the Head of Circulation for review.
For library staff use only: Name of Library Staff accepting this form:Date received Patron has does not have these items (circle one)
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Name of Library Staff accepting this form:
For library staff use only: Name of Library Staff accepting this form: Date received

Approved by the Merrimack Public Library Board of Trustees 8.17.2021; 8.15.23

☐ Patron Notified, Date: _____