



El Paso Public LIBRARIES

FINE APPEAL FORM

BRANCH _____

CARDHOLDER INFORMATION (Please Print)

Date:			
Name:			
Telephone #:		Email:	
Library Card #:			

FACTS REGARDING FINE OR FEE (Please Print)

Total Amount of Fine: \$ _____ Number of Items Fined: _____

Type of Item: Book Audio-Book CD/DVD

Reason for Appealing Fine (Please Print)

I hereby attest to the best of my knowledge that the above information is true, accurate, and complete. As a patron of the El Paso Public Library, I understand that by borrowing material(s), I agree that I am responsible for knowing the due dates and returning the materials on time; I am required to pay any fine or fee that may accrue on my account; I am aware that library notifications are courtesies and failure to receive notice in no way relinquishes my responsibility to pay fines or fees; I am aware of the fact that this form is an appeal and not a waiver of payment. There may be other policies not expressed on this form that apply.

Signature _____

Date: _____

Branch Manager/Staff (*please print*) _____ Rcvd @ ADMN _____