

Lake County Public Library Request for Resolution

(Please Print)

Cardholder's Name:	LCPL Library Card Number
Your name if different from the cardholder's name:	How are you related to the cardholder? _____ Father/Mother _____ Other _____
How can we contact you:	
Street Address: _____	
City, State, Zip: _____	
Telephone No.: _____	
Are you a taxpayer in the library's district?	
What is the issue you want resolved? Please describe the issue in as much detail as possible:	
Fines or fees: If so, how much? \$ _____	
What was the reason for the fine or fee? _____	
If it was for overdue materials, what was the due date and when was it actually returned? _____	

Have you previously asked for fines to be waived? _____	
Other incident or issue:	
Whom have you spoken with in attempting to resolve this issue?	
What would be a fair resolution?	
Signature:	Date:
STAFF USE ONLY Received at: _____ (agency) By: _____ (staff name)	
Reviewed by: _____ (agency head)	
Date sent to Asst. Director's Office _____	