

# Fee Dispute Form for West Bend Community Memorial Library-Owned Items

WBCML is not obligated to waive fees under any of these circumstances, and each case will be reviewed based on the facts and evidence at the WBCML's disposal and the information provided by the patron.

PLEASE PRINT

Name as it appears on card:	
Parent Name (required for child's card)	
Library Card Number	
Current Address, City, State, Zip	
Phone Number	
E-Mail Address	
Best Time to Contact	

### Charges Being Disputed

Fines (List Amount):	Title of Material:

Reason for Contesting Fine (Check reason – Documentation must be included when this form is submitted)

<input type="checkbox"/>	Returned on Time	Date of Claim Returned:
<input type="checkbox"/>	Stolen Card	Date Reported:
<input type="checkbox"/>	Illness	If yes, attach statement from doctor on letterhead, with dates indicating a medical condition prevented you from complying with library rules. This does not require that the condition be specified.
<input type="checkbox"/>	Material Stolen	If yes, must attach police report.
<input type="checkbox"/>	Fire/Water damage to living unit	If yes, must attach insurance, fire department, or landlord documentation
<input type="checkbox"/>	Other	If yes, please provide a short explanation:

**I believe that the above facts stated in this form are true:**

Patron Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Only** Staff Initials \_\_\_\_\_ Date Received: \_\_\_\_\_

Decision Reached \_\_\_\_\_

Payment Plan Established? \_\_\_\_\_ Terms: \_\_\_\_\_

Supervisor Initials \_\_\_\_\_ Date \_\_\_\_\_

Date Patron Informed \_\_\_\_\_