APPEAL OF LIBRARY CHARGES

Your appeal will be decided based upon information you provide on this form. Filing an appeal does not halt the normally scheduled billing process nor does it guarantee you will be credited.

Name:_____________________________________ Date:_________________________________________

OneCard ________________________________ Daytime Phone No.:_____________________________

Address:___________________________________ Signature:_____________________________________

__________________________________________ Have you received a bill?        Yes______       No______

__________________________________________ If yes, for what amount?________________________________

E-Mail Address ____________________________________________________________________________

College/university affiliation_______________________________________________________________

ITEMS FOR WHICH YOU CLAIM A BILLING ERROR or DISCREPANCY:

Call #:_____________________________________ Call #:________________________________________

Author:____________________________________ Author:________________________________________

Title:______________________________________ Title:__________________________________________

___________________________________________________________________________________________

Call #:_____________________________________ Call #:________________________________________

Author:____________________________________ Author:________________________________________

Title:______________________________________ Title:__________________________________________

___________________________________________________________________________________________

Please state the nature of the billing error or discrepancy on back or attached sheet. Be as detailed as possible. Include relevant information such as date and location of return, date and method of renewal, etc. Please include the titles and call numbers of items returned at the same time as the item(s) in question.

___________________________________________________________________________________________

(Use additional sheet of paper if necessary)

The Library Appeals Committee will declare your appeal granted, denied, pending, or your fine will be reduced. You will be sent written notification of the decision within one week of the Library Appeals Committee meeting.

Return to: Library Appeals Committee
Circulation Services Unit
University Libraries
Northern Illinois University
DeKalb, IL 60115

LS010512