

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**