## 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	e 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 Received at:	_(agency) By:(staff name)
ONLY Reviewed by:(agency head)	
Date sent to Asst. Director's Office	