# Lake County Public Library
## Request for Resolution

(Please Print)

<table>
<thead>
<tr>
<th>Cardholder’s Name:</th>
<th>LCPL Library Card Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your name if different from the cardholder’s name:</th>
<th>How are you related to the cardholder?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____ Father/Mother</td>
</tr>
<tr>
<td></td>
<td>____ Other ___________________________</td>
</tr>
</tbody>
</table>

**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:** ____________________________

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**STAFF USE**  Received at: _______(agency) By: _________(staff name)

**ONLY**  Reviewed by: _________________(agency head)

**Date sent to Asst. Director’s Office______________**