

Patron Account Appeal Form

Thank you for taking the time to formally write a summary of your appeal. Please complete this form and return it to the Customer Service desk at any Las Vegas-Clark County Library District branch or email it to the address above. We will respond with a written resolution; please allow up to 4 weeks for a response.

ACCOUNT HOLDER INFORMATION (Please print clearly)			
Today's Date:			
Account Holder Name:		Date of Birth:	
Parent/Legal Guardian (if applicable):		Relationship to Child (if applicable):	
Library Card Number:		Amount Disputed:	
Email Address:		Phone Number:	
Street Address:			
City/State/Zipcode:			

BRIEFLY DESCRIBE YOUR REASON FOR APPEAL:

Attach copies of any supporting documentation (police reports, medical, bankruptcies, etc.)

Cardholder Signature: _____ **Date:** _____

STAFF USE ONLY			
Staff:	Branch:	Date:	Shelf Check <input type="checkbox"/>
			III Update <input type="checkbox"/>
CIRC DH:		Date:	Action:
BM/PIC:		Date:	Action:
ASM:		Date:	Action:
Written Response Sent:			Date: