MARKHAM PUBLIC LIBRARIES
APPLICATION FOR APPEALING FINES / FEES

Please note that the information contained in this form will be used solely for internal purposes and will be treated as confidential.

Surname	First Name
Telephone Number (including Area Code)	

Client Membership Card Barcode Number (14 digits)

Total fines/fees amount that is being appealed: $ _____

Please indicate the reason for appeal. (Continue on back of form, if required).

Client Signature: _____ Date: _____ / _____ / _____
dd mm yy

Staff Use Only:

Decision: ☐ Accept Appeal ☐ Deny Appeal ☐ Other: _____

Rationale:

_____

_____

_____

Supervisor/ Manager Signature _____ Date: _____ / _____ / _____