

APPLICATION FOR APPEALING FINES

Last Name	First Name
UofT Email	Student/Personnel #
Phone Number	Library Barcode
Total fines/fees amount that is being appealed: \$	
Please indicate the reason for appeal. Be as specific as possible. Please attach additional sheets if necessary.	

Patron's Signature: _____Date: ____

Staff Use Only Library Staff Notes: Fines Appeal Committee Deny Accept Other ____ Decision: Appeal Appeal Rationale:

Signatures of the Committee's Members:	
	_
	Date: