

**INDIANA UNIVERSITY SOUTHEAST LIBRARY  
CIRCULATION BILL APPEAL FORM**

**Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Date of Bill(s):** \_\_\_\_\_

**Fine Amount(s):** \_\_\_\_\_

**Title(s) and Call Number(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Barcode Number(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I wish to appeal the above bill(s) for the following reason(s):**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**LIBRARY USE ONLY**

**Disposition:** \_\_\_\_ **Waived**      \_\_\_\_ **Adjusted**      \_\_\_\_ **Denied**

**Reason(s):**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_