



# Fine/Fee Waiver Request

DATE: \_\_\_\_\_, 2023

Name on the Library Account (Account Holder): \_\_\_\_\_

Library Account Number: \_\_\_\_\_ (required)

The individual submitting this request is (check all that apply)

- The account holder
- Responsible party for the account holder
- Related to the account holder (indicate how related) \_\_\_\_\_
- Friend of the account holder
- Legal Guardian of the account holder (Proof of guardianship required)
- Other: \_\_\_\_\_

Full Name of individual submitting request *on behalf of* the account holder:

\_\_\_\_\_

I am requesting \$\_\_\_\_\_ in **fin**es be  waived  reduced.

I am requesting \$\_\_\_\_\_ in **fe**es be  waived  reduced.

I am making this request based on the following (check all that apply). Additional information and required documentation should be attached to this form.

- Account holder is deceased (documentation required)
- Responsible party is deceased (documentation required)
- Natural disaster/Severe Weather (documentation required)
- Extended illness, incapacitation, or hospital stay (documentation required)
- Incarceration (documentation required)
- Home Displacement (documentation required)
- Insufficient funds (documentation required)
- Former group home or foster care status
- Other \_\_\_\_\_

Have fines or fees been previously waived or reduced on this library account? \_\_\_\_\_

If yes, when?

**Requestor Contact Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Requestor signature

**Return completed and signed form along with all required documentation to any Rowan Public Library Branch in person or**

Mail to Rowan Public Library – South Rowan Regional Library  
ATTN: Branch Operations Manager  
920 Kimball RD  
China Grove, NC 28023

Fax: 704-855-2449

Email: [info@rowancountync.gov](mailto:info@rowancountync.gov)

Rowan Public Library will notify requestor if the request is granted or declined. Please allow 30 business days for the library to respond. Follow up inquiries can be made by emailing [info@rowancountync.gov](mailto:info@rowancountync.gov) or calling 704-216-7732.

Receiving Staff Member Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_

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