

**Orion Township Public Library
Claims Returned Form**

FIRST OCCURANCE

This form should be filled out and signed by patron on first occurrence of an item being returned and not being checked in and/or not being located in the library.

Customer Name: _____

Library Card Number: _____

Item Title: _____

Item Barcode Number: _____

The Orion Township Public Library will allow one item to be set to a claims returned or claims never had. If a second item becomes a claim issue the patron is responsible for \$15.00 administrative fee.

Customer Signature: _____ Date: _____

Staff Initial: _____ Date: _____

SECOND CLAIM/SAME PATRON

This form should be used if this is the *second time* you believe you have returned an item that the library's computer system indicates has not been checked in and is not found in the library. Once you file a claim, the library will search for the item for 6 (6) months.

Customer Name: _____

Library Card Number: _____

Item Title: _____

Item Barcode Number: _____

I agree that if the item is not found after six (6) months, I will be billed a \$15.00 administrative fee.

Payment is due within 30 days. Refunds will not be issued.

Substitute items will not be accepted in lieu of payment.

Overdue fines may be applied to your account.

Customer Signature: _____ Date: _____

Staff Initial: _____ Date: _____