

Request for arrangement to pay Library fees (ATP)

Fields marked with * are required.

Date: * / / Library card number: * _____

Name of Parent / Carer / Guardian (if applicable): _____

Name on Library Card: * _____

Address: * _____

Email address: _____

Phone: * Home: _____ Work: _____ Mobile: _____

Arrangement Request:

Total fees and charges outstanding: * \$ _____

Instalments to be made: * Weekly Fortnightly Monthly Amount: * \$ _____

Commencement date: * __/__/__

Final instalment due: * __/__/__

Commencement date must be within 2 weeks.

Final instalment due within 3 months of commencement.

Name and signature of applicant: * _____

Name and signature of Parent / Carer / Guardian (if applicable): * _____

OFFICE USE ONLY

History checked in Spydus: * Y / N _____

Name and signature of receiving officer: * _____

(Receiving officer is the Library staff member who receives and checks the completed form)

ATP approved: * Y / N _____

Name and signature of reviewing officer: * _____ Date reviewed: * __/__/__

(Reviewing officer must have appropriate level of delegated authority)

PRIVACY NOTICE: Council is collecting the personal information on this form to determine your eligibility for outstanding library fees to be waived. It will only be used or shared for other purposes with your consent or as authorised by law. However, contact details will be used to maintain library records. For further information, see Council's Privacy Policy: visit www.frankston.vic.gov.au.