

Request to waive Library fees

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: _____

Waive Request:

Amount to waive: * \$ _____

Reason to waive: * Medical: Disasters/insurance issue:
 Attach medical certificate Attach report

Death in family: Financial Hardship: Other:
 Attach death notice Attach evidence Attach evidence

Details: _____

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)

Waive 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 health and 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.