

# 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): \* \_\_\_\_\_

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### 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](http://www.frankston.vic.gov.au).*