



**Booth Library**  
Eastern Illinois University

## **Library Services Fee Review Request**

Name \_\_\_\_\_ Lib # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a copy of your bill to this form and state below your reason for requesting a review of this fee.**

Your fee will be reviewed by the Library Fees Review Committee. A reply to this request will be made in writing as soon as a thorough review can be completed. Return this form to: Circulation Services, Booth Library, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920-3099 Or by email to: [bthcirc@eiu.edu](mailto:bthcirc@eiu.edu)