

CLAIMS RETURNED FORM

Patron Name: _____
Card Number: _____
Date Item Withdrawn: _____

CHECK ONE:

() I am ABSOLUTELY CERTAIN that I did not check out the following items(s) on my Lawrence Public Library card, nor did I lend someone else my card.

() I am ABSOLUTELY CERTAIN that I have returned the following item(s) for which I am now being charged on my Lawrence Public Library card. I have checked at home thoroughly and am sure that I did not lend my materials(s) to anyone.

Items for which I am being charged:

1. 3 1549 _____	5. 3 1549 _____
2. 3 1549 _____	6. 3 1549 _____
3. 3 1549 _____	7. 3 1549 _____
4. 3 1549 _____	8. 3 1549 _____

I am aware that my library record will be cleared as a result of my signing this Claims Returned Form, and the abuse of this privilege will be considered grounds for revoking my library borrowing privileges.

SIGNED: _____ DATE: _____

Staff Initials: _____

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