



MARGARET E. HEGGAN FREE PUBLIC LIBRARY

of
WASHINGTON TOWNSHIP

606 Delsea Drive, Sewell, NJ 08080-9302
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REQUEST FOR WAIVER OF LIBRARY CHARGES

Full Name: _____ Date: _____

Card #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

I am requesting a waiver for the following:

Overdue Fees: \$ _____

Damaged / Missing Materials (Please list item title and format in the space below):

Please use the space below to explain why you are requesting a waiver. If you need more space, you may use the back of this sheet. All requests will be reviewed by the Circulation Supervisor in conjunction with our current library board approved policies and responded to within 5 – 7 days.

Signature: _____ Date: _____

For Staff Use Only

Date Received: _____ Staff Name: _____

Approved Denied Signature: _____ Date: _____