LIBRARY REFUND REQUEST FORM

The Cornelius Library has established these guidelines for the issuance of refunds. The member libraries of Washington County Cooperative Library Services (WCCLS) have set a policy to issue NO credit to library accounts and accept NO replacement books in lieu of a lost item. It is up to individual libraries whether to allow refunds – some libraries will offer NO REFUNDS to customers.

It is the practice of the Cornelius Library to balance the needs of customers with fiscal responsibility to taxpayers. As a general practice, the Cornelius Library will NOT offer refunds. Customers are encouraged to make every effort to delay payment on a lost item that is likely to turn up eventually. When a customer pays for an item, a series of steps occur that cost the library indirectly with administration of payments and processing of replacements.

However, in extraordinary circumstances, a refund may be approved at the discretion of the library director.

- No refunds under $10.
- No refunds after 90 days.
- The $5.00 WCCLS processing fee and any related late fine will not be included in the refund.
- The refund will only include the price of the item paid.
- Upon authorization, this refund request will be sent to the City of Cornelius Finance department.
- The City Council approves all financial transactions at the monthly meeting.
- Check may take several weeks to process.

CUSTOMER INFORMATION

Name: _____________________________________________________________________________

First Name    Last Name

Library Card number: _________________________________________________________________

Reason for Refund (attach additional sheets if necessary): ________________________________

Amount of refund: ________________________________________________________________

Address: __________________________________________________________________________

Phone: ___________________________  Email: ____________________________________________

LIBRARY DIRECTORS AUTHORIZATION: _______________________________________________

DATE: _____________________________________________________________________________

REFUND request