Arts Equipment Checkout Fine Appeal Form

You may submit one appeal for group of equipment borrowed together.

The appeal will only be accepted within 3 calendar days of the due date of the item.

All Appeal Forms must be filled out completely. A copy of the Checkout Agreement must be included with the submission of an Appeal Form.

**Appeals For The Reasons Below Will Not Be Considered:**

- You did not receive or notice a overdue/billing notification.
- You loaned the equipment to someone else, who failed to return it.
- You cannot afford the fine.
- You returned the equipment to another department.
- You disagree with our fine/replacement policy and/or rates.
- You forgot about the due date/time.
- Your need was greater than another’s need

The Appeals Board will make a final decision within 30 business days of your appeal and notify you at your campus e-mail address with one of the following decisions:

A). Fine Has Been Waived  
B). Fine Has Been Reduced  
C). Original Fine Amount Has Been Maintained

**Fines and Penalties**

Fines begin accruing as soon as an item is overdue and borrowing privileges are immediately suspended. The suspension of borrowing privileges will be lifted only under one of the following circumstances:

A). You win your appeal  
B). The fine has been paid in full

**Information about Your Appeal**

Please fill out all information and attach any documentation that will help the Appeals Board make its decision.

Fine Amount:________________________  
Number of Items:________________________

Date/Time of Checkout: ____________  
Date/Time Due: ____________  
Date/Time Returned: ____________

Reason for appeal:  
☐ Medical (supply supporting documentation)  
☐ Family emergency (supply supporting documentation)  
☐ Other (attach a brief statement, including all relevant information)

Student Name:__________________________  
Student ID #:__________________________

Campus E-Mail Address: __________________@csusm.edu  
Phone Number:__________________________

Street Address:__________________________  
City/State/Zip:__________________________

hereby attest to the truthfulness of the above information and, to the best of my knowledge, it is accurate and complete.

__________________________________________  
Signature  
________________________  
Date  

07/20/2011  
VPA Dept.