

Pueblo City-County Library District

Customer Resolution Form

Date: _____

Name _____

Address _____

Phone _____

Email _____

Library Card # _____

Items lost _____

Total fees _____

Customer explanation:

Suggested resolution:

Attach any supporting documents. Please allow two weeks for a supervisor to review your account and contact you with a resolution.

-----For PCCLD Use Only-----

Received by _____ Location _____ Date _____

Resolution:

Resolved by: _____

Date _____