

CLAIM FORM

Deposit Amount: \$ _____

Patron ID: _____ (if known)

Please select one of the following options available to you:

- I would like a reinstatement of my account. I understand that my deposit will remain with the Library and that I may be required to make an additional deposit if my current deposit is less than the required amount for my borrower category.
- I wish to donate my deposit to the Library to help support its mission and provide services to those in need of legal resources and assistance.
- I would like a return of my deposit¹. I understand that any outstanding fees will be deducted from my return.

Please provide the following information to verify your claim. We will also use this information to mail your deposit or receipt of donation (please print legibly):

Name of Firm or Institution (if applicable): _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

If the address provided differs from the mailing address on file then please attach identification or other proof of address.

I declare under penalty of perjury that I am authorized to make decisions regarding the above-referenced deposit and that the information provided above is accurate.

Signature: _____ Date: _____

This **Claim Form** must be delivered to the Library. It may be mailed, faxed, or e-mailed to:

LA LAW LIBRARY
ATTN: FINANCE DEPARTMENT
301 W 1ST STREET
LOS ANGELES, CA 90012
FAX: 213-680-1727
deposit@lalawlibrary.org

¹ Please allow 20 working days for processing after day of receipt.