DATE:

Invoice #:

**TO:**

**Library Name:
Address:
City, Province:
Postal Code:
Phone Number:**

**RE: LOST OR DAMAGED ITEM**

The following item was lost by one of your patrons:

**Title:
Item Barcode:
Call Number:
Patron Name:
Patron Barcode:
Patron Phone Number:
Cost of Item:**

We would appreciate you submitting payment for this item. Please make the payment to the library below. Thank you.

Sincerely,

**Contact Name:
Library Name:
Full Address:
Phone Number:**