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:**