

**Booth Library**  
Eastern Illinois University

**Library Services**  
**I-Share Fee Review Request**

Name \_\_\_\_\_ Date \_\_\_\_\_  
University or College \_\_\_\_\_ Lib # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please attach a copy of your bill to this form and state your reason for requesting a review of this fee.**

Your fee will be reviewed by Booth Library at Eastern Illinois University. A reply to this request will be made as soon as a thorough review can be completed.

Return this form to:  
Eastern Illinois University,  
Booth Library Circulation Services  
600 Lincoln Avenue, Charleston, IL 61920-3099  
Or by email to: [bthcirc@eiu.edu](mailto:bthcirc@eiu.edu)