

# 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 deposit<sup>1</sup>. 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 no later than 7/2/2025. 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

<sup>1</sup> Please allow 20 working days for processing after day of receipt.