

# LIBRARY CARD REIMBURSEMENT APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Issuing Library: Largo \_\_\_\_\_ Clearwater \_\_\_\_\_ Seminole \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Address on Driver's License \_\_\_\_\_

License Verified  Initials \_\_\_\_\_

Resident presented an original receipt for card

Resident is applying for a check payable to the Pinellas Library Cooperative

New Card \_\_\_\_\_ Expired Card \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Signature of Resident \_\_\_\_\_ Date \_\_\_\_\_

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Signature of City Agent \_\_\_\_\_ Date \_\_\_\_\_

Check Pick Up \_\_\_\_\_

Mail Check \_\_\_\_\_