

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 _____

Signature of City Agent _____ Date _____

Check Pick Up _____

Mail Check _____