

# CITY OF BELLEAIR BEACH 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 for \$50.00 reimbursement.

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

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

Check Pick Up \_\_\_\_\_ Reimbursement Amount \$ \_\_\_\_\_

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