Town of Surfside
Library Card Reimbursement Request Form
One Card Per Household Per Year
(Please Print Legibly)

Date: ______________________

Name on Library Card: ______________________________________

Library Card Number: _______________________________________

Address: _________________________________________________

City, State, Zip: Surfside, FL 33154 __________________________

Home Phone Number: ________________________________

Library card receipt date: ________________________________

Library card and receipt from the Miami-Dade Public Library System (www.mdpls.org) must be submitted along with this completed form. Photo ID must be shown upon submission of application.

Reimbursement checks will be made payable to the name printed below and mailed to the Surfside address indicated above within 30 days.

I hereby certify that I am currently a Surfside resident, and that I am entitled to receive reimbursement for the library card from the Miami-Dade Public Library System.

__________________________________________________________
Signature of Surfside Resident Completing Application     Date

__________________________________________________________
Printed Name of Surfside Resident Completing Application

Photo ID verified by Town Staff: ____________________________ Date: __________________

Attach Photo Copy of Library Card/Receipt

Finance Processing: ____________________________ Date: __________________
#001-7900-590-4911 Vendor # 99999