



TOWN OF SURFSIDE

9293 HARDING AVENUE  
SURFSIDE, FLORIDA 33154  
(305) 861-4863 • FAX: (305) 861-1302  
WWW.TOWNOFSURFSIDEFL.GOV

### LIBRARY REIMBURSEMENT FORM

Date: \_\_\_\_\_

Name on Library Card: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: Surfside, FL 33154

Home Phone Number: \_\_\_\_\_

Library card receipt date: \_\_\_\_\_

***Attach Photo Copy of Library Card/Receipt***

**Library card and receipt from the Miami-Dade Public Library System ([www.mdpls.org](http://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:*** \_\_\_\_\_

***Finance Processing:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

#001-7900-590-4911 Vendor # 99999