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

Town Manager's Approval: _____ ***Date:*** _____

Finance Processing: _____ ***Date:*** _____
#001-7900-590-4911 Vendor # 99999