



**Town of Surfside**  
**Library Card Reimbursement Request Form**

*One Card Per Household Per Year  
(Please Print Legibly)*

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

Name library card was issued to: \_\_\_\_\_

Card: \_\_\_\_\_

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](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: \_\_\_\_\_***  
***Attach Photo Copy of Library Card/Receipt***

***Town Manager's Approval: \_\_\_\_\_ Date: \_\_\_\_\_***

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