



**Bal Harbour Village**  
**Library Card Reimbursement Request Form**  
*(Please Print Legibly)*

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

Name(s) library card(s) was/were issued in:

Card #1 \_\_\_\_\_

Card #2 \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

**Photo Identification, proof of Bal Harbour residency, and receipt(s) from the Miami-Dade Public Library System must be submitted along with this completed form.**

Refund checks will be mailed to you at your Bal Harbour address.

***I hereby certify that I am currently a Bal Harbour resident, and that I am entitled to receive reimbursement for up to two library cards in the Miami-Dade Public Library System.***

\_\_\_\_\_  
Signature of Bal Harbour Resident                      Date  
Completing Application

\_\_\_\_\_  
Printed Name of Bal Harbour Resident Completing Application

***Village Manager's Approval*** \_\_\_\_\_