

BAL HARBOUR

- V I L L A G E -

Library Card Reimbursement Request Form

Bal Harbour Village reimburses residents for a maximum of two library card purchases per household. Eligibility is based on an annual basis effective on the date library cards are issued. Please note that refund checks are mailed to the Bal Harbour address applicant provides.

Please submit the following documents.

- State Issued Photo Identification
- Proof of Bal Harbour Village Residency
- Receipt(s) of Miami-Dade County Library Card Purchase
- Completed Library Card Reimbursement Request Form

Date: ____ / ____ / ____

Personal Information

First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cellular Phone:	
E-mail Address:			
Have you requested a library card reimbursement before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Library Card(s) Information

Name of Cardholder #1:	Amount Paid \$	
Card Number:	Date Issued:	
Name of Cardholder #2:	Amount Paid \$	
Card Number:	Date Issued:	
Total Reimbursement Request		\$

I hereby acknowledge that the information I have provided is true and correct, that I am a current Bal Harbour Village resident, and that I am entitled to receive reimbursement for up to two library cards issued by Miami-Dade Public Library System per household. Furthermore, I authorize the Village to mail a refund check to the address listed above.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

----- OFFICIAL USE ONLY -----

Validated by (Print Name):	
Signature:	Date:
Village Manager's Signature:	Date: