



**APPLICATION FOR REFUND  
PINELLAS COUNTY LIBRARY COOPERATIVE CARD**

Name: \_\_\_\_\_

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

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

**\*\*Check this box if a member of your household is current or former military\*\***

I hereby request refund of a portion of the monies expended by me to join the Pinellas County Library Cooperative in the amount of \$80. By signing below, I certify that I am a resident of the Town of Belleair and that I have not previously submitted an application for a library card refund in this fiscal year.

I further understand that if I or my spouse is active military personnel, retired military, or is a widow/widower with military documentation, the Town of Belleair will reimburse the full \$100 library card fee instead of the regular \$80 amount.

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