



APPLICATION FOR REFUND

PINELLAS COUNTY LIBRARY COOPERATIVE CARD

Name: _____

Address: _____

Phone Number: _____

I hereby request refund of the monies expended by me to join the Pinellas County Library Cooperative in the amount of \$100.

Upon receiving your receipt and "Application for Refund" form, the Town will refund \$100 back to the resident(s) via a check. Please allow 4 weeks for the check to be issued.

Please keep in mind that the reimbursement program provides one refund per household. The refund will only be issued 1 year from the previous library refund date.

The Town of Belleair will only issue reimbursements for library memberships for up to one year from date of purchase. The date of purchase should be indicated on the receipt that residents submit for reimbursement. Should the library reimbursement program cease to be funded, the Town of Belleair will not issue reimbursements regardless of date of purchase.

Date: _____ Signature: _____