



BOROUGH OF ESSEX FELS

LIBRARY FEE REIMBURSEMENT REQUEST

DATE OF REQUEST: _____

REQUEST TAKEN BY (INITIAL): _____

NAME: _____

ADDRESS: _____
(One Reimbursement per Household/Family)

LIBRARY: _____

MEMBERSHIP TERM: _____

SIGNATURE: _____

RECEIPT ATTACHED

PLEASE NOTE: RECEIPT MUST BE ATTACHED OR REIMBURSEMENT WILL NOT BE PROCESSED BY THE CHIEF FINANCIAL OFFICER.

LIBRARY FEE REIMBURSEMENT

Fifty Percent (50%) of fee paid to a Municipal Library; not to exceed \$75.00.