



CITY OF COLLEGE PLACE

LIBRARY CARD PROGRAM – CPMC CHAPTER 3.48

APPLICATION FOR LIBRARY CARD PAYMENT

The library card coverage program shall exist until either an action of city council, establishment of a city library, annexation into a library district, or library agreement made possible by RCW 35A.27.010 eliminates the need for such program. The number of memberships covered by this program yearly is dependent via budgetary allocations made by City Council on an annual basis or donations from the community.

A "City Resident" is defined as individuals or families who reside at an address within the City of College Place, Washington corporate city limits.

*Required Information along with document for residency verification – **Please Print Clearly**

*Name: _____

*Physical Address: _____

Mailing Address (if different) _____

*Contact Phone Number: _____

-OR- Email: _____

Eligible Applicant Verification Documents: Driver License / Rental Agreement / Bill for Utility Services at Property Location in Applicant Name.

CPMC 3.48.050 Penalty for false information.

Any individual willfully providing false information to the City in an application for library card payment shall forfeit the eligibility for library card and shall be guilty of a misdemeanor punishable by a fine of not more than \$1,000 and by imprisonment for not more than 90 days or by both such fine and imprisonment. Additionally, the citizen making such a false statement to obtain benefits under this chapter shall be required to repay the amount of any payment received based upon such false information, together with interest at the rate of 12 percent per annum until repaid in full.

By signing below I swear that all information provided on this application (including residency verification documents) are true and correct to the best of my knowledge. I understand that an individual or family is eligible for one library card check per fiscal year. I am requesting that the City of College Place issue payment for the cost of a non-resident membership with the agency checked below.

_____ City of Walla Walla Public Library

_____ Walla Walla Rural Library District

*Applicant Signature: _____

CITY OF COLLEGE PLACE STAFF TO COMPLETE THIS SECTION

DATE RECEIVED: _____ BY: _____

Document used for verification: (Attach copy for auditor records)

- Current WA St. Driver License / ID Card – (Showing current College Place address)
- Current Rental Agreement – (for Applicant at College Place address)
- Current Utility Billing – (Must be for services received at residence with applicant name, such as power or gas bill, or city utility bill. Cell phone billings are not acceptable proof of residency.)

City Clerk Signature _____ for approval on _____

-OR- Denial Date: _____ (Reason if denied) _____

Accounts Payable Check # _____ Check Date _____

_____ Mailed to Library Provider - OR - _____ Provided to Applicant _____

Applicant Acknowledgement of Receipt