



Galesburg Public Library  
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Patron contact info for library notices:  
Name: (First, Last, MI) \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

This form is to acknowledge the above individual's application for a library card under the condition that they are unhoused and are currently using your organization's services. This is in order to confirm Galesburg residency, which is required by state law for library cards.

Organization name: \_\_\_\_\_ Date: \_\_\_\_\_

Representative name (print): \_\_\_\_\_

Representative signature: \_\_\_\_\_