



Galesburg Public Library

40 E Simmons St.

Galesburg, IL 61401

309-343-6118

reference@galesburglibrary.org

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: _____