

TOWN OF MOUNT HOPE

1706 Route 211 West

Otisville, NY 10963

845-386-1460/845-386-1100 fax

PROOF OF RESIDENCY for LIBRARY ACCESS

NAME: _____

ADDRESS: _____

This individual has provided proof of identity and proof of residency in the Town of Mount Hope and is eligible to receive a library card in accordance with the contract between the Town of Mount Hope and the Pike County Public Library.

___ FAMILY

___ INDIVIDUAL

Kathleen A. Myers, Town Clerk

Dated

Elizabeth Kulynych, Deputy Town Clerk

Take this completed form with same ID provided to the Clerk's office to the:

Pike County Public Library

119 E. Harford Street

Milford, PA 18337

(phone 570-296-8211)