

NEW HAVEN FREE PUBLIC LIBRARY
VERIFICATION OF ADDRESS FORM FOR LIBRARY CARD APPLICATION

Client

TO BE COMPLETED BY THE APPLICANT:

I, _____, hereby declare that I am a resident of the City of New Haven. I currently reside at:

Name of Facility _____

Street _____

Zip Code _____

Telephone _____

I understand that if I give the name of the emergency, transitional, or supportive residence as the place I currently reside, I am agreeing to permit the facility to disclose to the New Haven Free Public Library the otherwise confidential information that I am a resident. I am not agreeing to allow the facility to disclose any other confidential information that I have provided to them, nor am I agreeing to allow this information to be given to anybody other than the New Haven Free Public Library.

Signature of Applicant

Date

Staff

TO BE COMPLETED BY FACILITY COORDINATOR OR ADMINISTRATOR:

I, the undersigned, work at the address listed above as the applicant's residence and/or mailing address. I agree to accept mail for _____ at the above address, or to forward his or her mail if he or she gives me a forwarding address

Name of Coordinator or Administrator – PLEASE PRINT

Position or Title

Applicant's length of stay @ facility (max.6 months)
Maximum 3 months if this info is not available.

Date

OFFICIAL

STAMP