



South Central Library System

1650 Pankratz Street • Madison, WI 53704
608/246-5612 • FAX 608/246-7958 • TDD 608/246-7974

Date: March 5, 2025
To Library Board & Director, **Madison (MAD)**
From Tracie Miller, South Central Library System
RE: 2025 Adjacent County Reimbursement Requests

The South Central Library System, with your permission, will request adjacent county reimbursements on behalf of your library per Wisconsin State Statute 43.12(2). Based upon information reported on your library’s 2024 Wisconsin Public Library Annual Report, your library is eligible to request the estimated reimbursement from the following counties. **Do not use these estimates for budgeting purposes.**

Adjacent County	Amount Eligible to Request – payable in 2026 (70% minimum reimbursement level)	Do you want SCLS to bill this county for this amount?
Columbia	\$8,549.00	Yes No
Dodge	\$1,869.20	Yes No
Green	\$8,808.67	Yes No
Iowa	\$9,111.92	Yes No
Jefferson	\$7,169.68	Yes No
Rock	\$3,162.46	Yes No
Sauk	\$11,321.31	Yes No

1. Please indicate **above** whether your library would like us to “bill” the adjacent county—**CIRCLE YES OR NO IN THE TABLE ABOVE**
2. Please sign and date below—both Library Board President and Library Director.

When authorized by this completed form, SCLS will “bill” the adjacent county (a confirmation e-mail will be sent to your library director with the final reimbursement amounts). July 1, 2025, is the deadline for counties to be billed; counties are then required to pay your library no later than March 1, 2026. We will request that the reimbursement check be sent directly to your library and made payable to your library. In order for us to submit the reimbursement requests in a timely manner, **please return this completed form by email to traciemiller@scls.info no later than April 30, 2025.**

Please contact me via e-mail (traciemiller@scls.info) or phone (608-246-5612) if you have questions.

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The **Madison (MAD)** Board of Trustees and the Library Director authorize SCLS to submit the adjacent county reimbursement requests listed above:

\_\_\_\_\_  
Signature of Library Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Library Director

\_\_\_\_\_  
Date