

South Central Library System 4610 S. Biltmore Lane • Madison, WI 53718 608/246-7973 • FAX 608/246-7958 • TDD 608/246-7974

Date:	March 24, 2015
То	Library Board & Director, Madison (MAD)
From	Mark Ibach, South Central Library System
RE:	2015 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 2014 Wisconsin Public Library Annual Report, your library is eligible to request reimbursement from the following counties:

Adjacent County	Amount Eligible to Request – payable in 2015 (70% minimum reimbursement level)	Do you want SCLS to bill this county for this amount?	
Columbia	\$17,158	Yes	No
Dodge	\$858	Yes	No
Green	\$12,976	Yes	No
Iowa	\$18,104	Yes	No
Jefferson	\$7,329	Yes	No
Rock	\$2,128	Yes	No
Sauk	\$5,735	Yes	No

Because the decision to request adjacent county reimbursements lies with each library, we would appreciate two things: 1) please indicate above whether your library would like us to "bill" each adjacent county (circle Yes or No), and if so, 2) please sign and date below – both Library Board President and Library Director - to authorize SCLS to request the reimbursement.

When authorized by this completed form, SCLS will "bill" the adjacent county (a confirmation e-mail will be sent to your library director). July 1, 2015, is the deadline for counties to be billed; counties are then required to pay your library no later than March 1, 2016. We will request that the reimbursement check be sent directly to your library and made payable to your library. In order that we can submit the reimbursement requests in a timely manner, please return this completed form (via fax, e-mail, or system delivery) to my attention no later than May 1, 2015.

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

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

Date

Signature of Library Director