

# AUTHORIZATION

## STATE AID

Does Your Library Wish to Apply for State Support  
Should It Become Available?

Yes

No

## REPORT COMPLETED BY

This Report Has Been Completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

## CERTIFICATION

I hereby certify that to the best of my knowledge the information contained in the Annual Report of Public Libraries - Application For State Support is true for

\_\_\_\_\_  
CASEY

County for the fiscal year ending June 30, 2020

\_\_\_\_\_  
President/Chair, Library Board

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Notary (Notary cannot be a signatory for any other position on this page)

\_\_\_\_\_  
My Commission Expires

## RECEIPT OF CERTIFIED ANNUAL REPORT

I Hereby Acknowledge Receipt of Certified Annual Report

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
County Judge Executive