



**PARKS AND RECREATION
RESIDENCY FORM**

	HH Id#
--	--------

Please use this form to submit proofs of residency for any family members in the household who will be using Parks and Recreation services. Please list the Primary Account Holder first.

	LAST NAME	FIRST NAME	BIRTHDATE	M/F
Primary Account Holder			/ /	
Household Member			/ /	
Household Member			/ /	
Household Member			/ /	
Household Member			/ /	
Household Member			/ /	
Household Member			/ /	
Household Member			/ /	

----- Please PRINT information below. -----

I CERTIFY THAT ALL INFORMATION IN CONNECTION WITH THIS APPLICATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ALL FEES ARE NON-REFUNDABLE.

Street Address _____ Unit/Apt. _____

Town _____ State _____ Zip Code _____

(_____) _____ (_____) _____ (_____) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Resident E-mail _____

Resident Signature _____

____/____/____
Date