Request for Residency Verification

Date:

Requesting Person:

Physical Address:

Mailing Address:

Registered Chapter Voter? Yes No

I hereby authorize the release of any and all information relating to my residency status and/or location or other identifying information to:

Name of Entity/Organization:

Mailing Address:

Attention: Telephone No.:

Purpose/Reason:

I hereby release from any liability and hold harmless whatsoever and howsoever the Indian Wells Chapter, its employees or representatives, concerning the intended use or any consequences of the information provided.

Signature:

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| CHAPTER ADMINISTRATION ACTION  Received By: Date: Time:  Approved Disapproved (reason):    Chapter Manager/Coordinator: Date: |