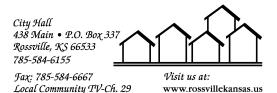
## CITY of ROSSVILLE founded in 1871 "Come Grow With Us!"



## **POSITIVE ID FORM**

This form has been prepared for verification purposes as requested. My signature shown below and the notarization of this form confirm that I am:

**PLEASE PRINT** 

## Name: Rossville Street Address:\_\_\_\_ City/State/Zip: Telephone Number:\_\_\_\_ My birth date is \_\_\_\_/\_\_\_/\_\_\_\_ I have attached to this affidavit true and correct photo copy of my Social Security Card and one of the following items of identification: a. Driver's License (print state where issued, driver's license number) Birth Certificate **Immigration Card** Passport e. Other photographic identification \_\_\_ This form has been prepared and signed in the presence of a notary public. I understand that by signing this form I am validating that the above information is correct to the best of my knowledge. \_\_ Date \_\_ Important: Customer - Please keep a copy of this form for your records and for future reference. If one photo copy of identification is not submitted or the photo copy does not match the identity of the person requesting service and/or identification is not presented that validates the applicant is of legal age, then the form will be rejected and service may be denied. **Notary Public Use Only** State of County of I certify that this is a true and correct copy of a document in the possession of (Seal) My Appointment expires: \_\_\_\_\_

Please fax <u>OR</u> mail the completed form to: Fax Number: 785-584-6667 **Mailing address**: City of Rossville, P O Box 337, Rossville, KS 66533-0337