

## City of Saratoga Springs' Recreation Department Residency Card Application and Permission Agreement

Print Clearly

	PRIMAR	Y RE	SIDENT					Office Use Only
Last Name	First			Male	D	.O.B		Card Number
				Female		/ /		
Street Address		Cit	ty	State	Zi	ip		
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Cell	Home			Work				4
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ADDITIONAL	L RESIDENTS (1	must re	eside in same	household	as prim	nary resi	dent)	Office Use Only
Last Name (indicate if different last name) First		M/F D.O.B		Grade	<b>I V</b> /			Card Number
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