



VERIFICATION OF RESIDENCY

Registered voter: Yes No

Community member/resident: Yes No

Date: _____

To whom letter will be addressed to: _____

(Name of Business)

(Business Mailing Address/Physical Address)

(City, State, Zip Code)

(Business Phone/Fax #)

Name: _____

(Name of Registered Voter/Community Member/Resident)

Mailing address: _____

Physical address: _____

(Street address, directions; # of miles, MP #, House #, description of home)

Description of home: _____

(Brick house/Framed house/Trailer/Octagon & Color of roof, color of house)

Approving signature: _____

(Chapter Official/Chapter Administration)